Image# 12951340241 PAGE 1 / 41

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|   | For Other Than An Aut            | nonzea Committee                         | Office Use Only                                   |
|---|----------------------------------|--|---|
| NAME OF<br>COMMITTEE (in full)                              | TYPE OR PRINT ▼                  | Example: If typing, type over the lines. | 12FE4M5   |
| Republican Party of Ic                                      | owa                              |  |   |
|   |                                  |  |   |
| ADDRESS (number and street)                                 | 621 E. Ninth Street              |  |   |
| Check if different  |                                  |  |   |
| than previously reported. (ACC)                             | Des Moines                       |  | IA 50309 - L 1                                    |
| 2. FEC IDENTIFICATION N                                     | UMBER ▼ CIT                      | Y 🛦                                      | STATE ▲ ZIP CODE ▲                                |
| C C00014498   |                                  | S THIS NEW (N) OI                        | AMENDED (A)                                       |
| 4. TYPE OF REPORT (Choose One)                              | Report Due On:                   | 20 (M2) May 20 (M                        | (Non-Election<br>Year Only)                       |
| (a) Quarterly Reports:                                      |                                  | 20 (M3) Jun 20 (M                        | (Non-Election<br>Year Only)                       |
| April 15 Quarterly Report (                                 |                                  | 20 (M4) Jul 20 (M7                       | 7) Oct 20 (M10) Jan 31 (YE)                       |
| July 15   | (C) 12-Day                       | Primary (12P)                            | General (12G) Runoff (12R)                        |
| Quarterly Report (  | Report for the:                  | Convention (12C)                         | Special (12S)                                     |
| Quarterly Report ( January 31 Year-End Report (             | Floatio                          | n on                                     | in the State of                                   |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY) | (d) 30-Day                       | General (30G)                            | Runoff (30R) Special (30S)                        |
| Termination Report<br>(TER)                                 | t Electio                        | n on                                     | in the State of                                   |
| 5. Covering Period 0  | 2 01 2010                        | through 02                               | M / D D / Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z Z Z   |
| I certify that I have examined t                            | his Report and to the best of    | my knowledge and belief it is            | true, correct and complete.                       |
| Type or Print Name of Treasure                              | er Craig Williams                |  |   |
| Signature of Treasurer Cra                                  | ig Williams                      | [Electronically Filed]                   | Date 04 / 03 / 2012                               |
| NOTE: Submission of false, error                            | neous, or incomplete information | n may subject the person signing         | g this Report to the penalties of 2 U.S.C. §437g. |
| Office<br>Use   |                                  |  | FEC FORM 3X Rev. 12/2004                          |

### SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

| _   | FEC Form 3X (Rev. 02/2003)   | OF RECEIPTS AND DISBURSEMENTS   | Page <b>2</b>                             |
|-----|--|---|---|
|     | Nrite or Type Committee Name Republican Party of Iowa  |   |   |
| F   | Report Covering the Period: From:  | 02 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             | 02 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|     |  | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date         |
| 6.  | (a) Cash on Hand January 1, 2010   | [   | 204657.25                                 |
|     | (b) Cash on Hand at Beginning of Reporting Period  | . 140300.00   |   |
|     | (c) Total Receipts (from Line 19)  | . 55046.28  | 96683.48                                  |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)           | . 195346.28   | 301340.73                                 |
| 7.  | Total Disbursements (from Line 31)   | 85820.26  | 191814.71                                 |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                         | . 109526.02   | 109526.02                                 |
| 9.  | Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)   | . 7723.00   |   |
| 10. | . Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00  |   |
|     | This committee has qualified as a mu   | Ilticandidate committee. (see FEC FORM 1M)                              |   |
| _   |  | For further information contact:  |   |
|     |  | Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463 |   |
|     |  | Toll Free 800-424-9530<br>Local 202-694-1100                            |   |

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

| Report Covering the Period: From: 02                                 | 01 2010                                      | To: 02 28 2010        |
|--|--|-----------------------|
| I. Receipts  | COLUMN A                                     | COLUMN B              |
| i. neceipis  | Total This Period                            | Calendar Year-to-Date |
| . Contributions (other than loans) From:                             |  |                       |
| (a) Individuals/Persons Other  |  |                       |
| Than Political Committees  | 18525.00                                     | 35165.00              |
| (i) Itemized (use Schedule A)  |  |                       |
| (ii) Unitemized  | 34991.85                                     | 59289.05              |
| (iii) TOTAL (add   | 7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, |                       |
| Lines 11(a)(i) and (ii)  | 53516.85                                     | 94454.05              |
| (4)(/) = (/)   |  |                       |
| (b) Political Party Committees                                       | 0.00   | 0.00                  |
| (c) Other Political Committees                                       |  |                       |
| (such as PACs)   | 0.00   | 150.00                |
| (d) Total Contributions (add Lines                                   |  |                       |
| 11(a)(iii), (b), and (c)) (Carry                                     |  | 04004.05              |
| Totals to Line 33, page 5)▶  | 53516.85                                     | 94604.05              |
| 2. Transfers From Affiliated/Other                                   |  |                       |
| Party Committees   | 0.00   | 0.00                  |
| ) All Leone Descired   | 0.00   | 0.00                  |
| . All Loans Received   | 7  | 0.00                  |
| Loan Repayments Received   | 0.00   | 0.00                  |
| 5. Offsets To Operating Expenditures                                 | 7  | 7 7                   |
| (Refunds, Rebates, etc.)   |  |                       |
| (Carry Totals to Line 37, page 5)                                    | 1529.43                                      | 2079.43               |
| 6. Refunds of Contributions Made                                     | 7  | 7                     |
| to Federal Candidates and Other                                      |  |                       |
| Political Committees   | 0.00   | 0.00                  |
| 7. Other Federal Receipts  |  |                       |
| (Dividends, Interest, etc.)  | 0.00   | 0.00                  |
| 3. Transfers from Non-Federal and Levin Funds                        |  |                       |
| (a) Non-Federal Account  |  |                       |
| (from Schedule H3)   | 0.00   | 0.00                  |
|  |  |                       |
| (b) Levin Funds (from Schedule H5)                                   | 0.00   | 0.00                  |
|  |  |                       |
| (c) Total Transfers (add 18(a) and 18(b))                            | 0.00   | 0.00                  |
| Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 55046.28                                     | 96683.48              |
| ). Total Federal Receipts  |  |                       |
| (subtract Line 18(c) from Line 19)▶                                  | 55046.28                                     | 96683.48              |
| (5550000 Ento 15(0) Hom Ento 10)                                     | 300-10.20                                    | 33303.40              |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |
|--|-------------------------------|-----------------------------------|--|--|
| . Operating Expenditures:  (a) Allocated Federal/Non-Federal       |                               | Calcinati Tear-to-Date            |  |  |
| Activity (from Schedule H4)  |                               |                                   |  |  |
| (i) Federal Share  | 2572.89                       | 15517.03                          |  |  |
| (ii) Non-Federal Share   | 9678.88                       | 58373.39                          |  |  |
| (b) Other Federal Operating  |                               |                                   |  |  |
| Expenditures   | 73518.49                      | 117874.29                         |  |  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ | 85770.26                      | 191764.71                         |  |  |
| . Transfers to Affiliated/Other Party                              |                               |                                   |  |  |
| Committees   | 0.00                          | 0.00                              |  |  |
| Federal Candidates/Committees and Other Political Committees       | 0.00                          | 0.00                              |  |  |
| . Independent Expenditures   | 0.00                          | 0.00                              |  |  |
| (use Schedule E)   | 7 7                           | 7                                 |  |  |
| (2 U.S.C. §441a(d))<br>(use Schedule F)                            | 0.00                          | 0.00                              |  |  |
| . Loan Repayments Made   | 0.00                          | 0.00                              |  |  |
| Loans MadeTo:  | 0.00                          | 0.00                              |  |  |
| (a) Individuals/Persons Other Than Political Committees            | 50.00                         | 50.00                             |  |  |
| (b) Political Party Committees                                     | 0.00                          | 0.00                              |  |  |
| (c) Other Political Committees (such as PACs)                      | 0.00                          | 0.00                              |  |  |
| (d) Tatal Cantillation Defined                                     |                               |                                   |  |  |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶    | 50.00                         | 50.00                             |  |  |
| (add Lines 20(a), (b), and (c))                                    |                               |                                   |  |  |
| Other Disbursements  | 0.00                          | 0.00                              |  |  |
| . Federal Election Activity (2 U.S.C. §431(20))                    |                               |                                   |  |  |
| (a) Allocated Federal Election Activity                            |                               |                                   |  |  |
| (from Schedule H6) (i) Federal Share                               | 0.00                          | 0.00                              |  |  |
| (i) i edelai oliale  |                               |                                   |  |  |
| (ii) "Levin" Share   | 0.00                          | 0.00                              |  |  |
| (b) Federal Election Activity Paid Entirely With Federal Funds     | 0.00                          | 0.00                              |  |  |
| (c) Total Federal Election Activity (add                           | 3.00                          |                                   |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶                              | 0.00                          | 0.00                              |  |  |
| Total Disbursements (add Lines 21(c), 22,                          |                               |                                   |  |  |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                           | 85820.26                      | 191814.71                         |  |  |
| . Total Federal Disbursements                                      |                               |                                   |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)          | 76141.38                      | 133441.32                         |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)        | 53516.85                      | 94604.05                          |
| 4. Total Contribution Refunds (from Line 28(d))                            | 50.00                         | 50.00                             |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 53466.85                      | 94554.05                          |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 76091.38                      | 133391.32                         |
| . Offsets to Operating Expenditures (from Line 15, page 3)                 | 1529.43                       | 2079.43                           |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36)              | 74561.95                      | 131311.89                         |

1mage# 12951340246 PAGE 6 / 41

#### : 97 `A = G7 9 @ @ 5 B9 CIG`H9 LH`F9 @ 5 H98 `HC`5 `F9 DC FHž G7 < 98 I @ 9 `C F` ± H9 A ± N5 H± CB

Form/Schedule: F3XA
Transaction ID:

All expenditures listed on Schedule B for line 30b during this period are generic, and not made on behalf of any federal election or federal candidate/committee. During this reporting period, payroll, payroll taxes and fringe benefits for any committee employee who spent 25% or more of their time on activities related to a Federal election are being reported as Federal Election Activity and show on Schedule B for line 30b. All salaries, wages and/or fringe benefits reported on Schedule H4 are for employees who spent less than 25% of their time on federal election activity or in connection with a Federal election. The committee herby incorporates by reference Form 99 Miscellaneous Report. June 20, 2009, outlining its policies with regard to payments received by candidate committees for goods and services provided. The Republican Party of Iowa owns and operates its own building and land at its headquarters in Des Moines, Iowa. This committee does not recognize registered lobbyists or registrant committees for purposes of aggregate contributions. The Republican Party of Iowa follows a best efforts policy/procedure that begins with a clean and conspicuous request from donors for their full name, mailing address, occupation, and name of employer at the initial solicitation for a contribution, informing the contributor of the requirements of federal law for the reporting of such information, as required by under 11 CFR 104.7. Upon receipt of a contribution, collected donor information, as reported by the donor, is captured into our contributor database for purposes of reporting on the next FEC disclosure report. All contributors who have crossed the \$200 cumulative threshold and have not provided sufficient information are sent correspondence requesting the missing information (that does not include a solicitation of contribution). including a postage-paid return envelope. This is completed on a twice monthly basis. If information is still missing at the time of a reporting cutoff, a phone contact is made. A record of the correspondence is documented and retained for verification. Every effort is made to never have missing information on each disclosure report before filing; however, when information is received following a filing, amendments of the original report or memo entries on subsequent reports are submitted.

Form/Schedule: Transaction ID:

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Republican Party of Iowa Full Name (Last, First, Middle Initial) Edward Babka Date of Receipt Mailing Address 1835 Links Glen Dr. 2010 23 City State Zip Code Transaction ID: 00320.C346099 Dubuque IΑ 52003-7721 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Receipt Name of Employer Occupation Retired n/a Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Bloom Date of Receipt Mailing Address 4820 Elm St 02 02 2010 City State Zip Code Transaction ID: 00220.C345046 IΑ West Des Moines 50265-2995 Amount of Each Receipt this Period FEC ID number of contributing C 325.00 federal political committee. Receipt Name of Employer Occupation None Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven Boal Date of Receipt Mailing Address 3301 SW Timbergreen Rd 02 19 2010 City State Zip Code Transaction ID: 00220.C345808 IΑ Ankeny 50023 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Receipt Name of Employer Occupation Financial Executive Accu-Mold LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1325.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 8 OF

| TEMIZED RECEIPTS  | for each category of the  Detailed Summary Page                                       | (check only one)       X 11a     11b     11c     12       13     14     15     16     17                         |
|---|---|--|
| Any information copied from such Reports and Sta or for commercial purposes, other than using the r   |   | rson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)  Republican Party of Iowa   |   |  |
| Full Name (Last, First, Middle Initial)  John Butler  Mailing Address 2000 S Grandview Ave  City  Dubuque  FEC ID number of contributing federal political committee.  Name of Employer  Cottingham & Butler  Receipt For:  Primary  General  Other (specify) | State Zip Code IA 52003  C  Occupation Chairman and CEO  Aggregate Year-to-Date ▼     | Date of Receipt  02 22 2010  Transaction ID: 00320.C345920  Amount of Each Receipt this Period  250.00  Receipt  |
| n/o   | State Zip Code IA 52328  C  Occupation  Retired  Aggregate Year-to-Date ▼  1000.00    | Date of Receipt    M   |
| Full Name (Last, First, Middle Initial) Carl Dallmeyer  Mailing Address 1205 E Washington St Apt 252  City Washington  FEC ID number of contributing federal political committee.  Name of Employer None  Receipt For:  Primary General Other (specify)       | State Zip Code IA 52353-2100  C  Occupation Retired Aggregate Year-to-Date ▼  5000.00 | Date of Receipt  02 25 2010  Transaction ID: 00320.C346201  Amount of Each Receipt this Period  5000.00  Receipt |
| SUBTOTAL of Receipts This Page (optional)   | ·····   | 6250.00  |
| TOTAL This Period (last page this line number or  | nly)  |  |

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS  | for each category of the Detailed Summary Page                                  | X   11a  |
|---|---|--|
| Any information copied from such Reports and Stater or for commercial purposes, other than using the nar  |   |  |
| NAME OF COMMITTEE (In Full)  Republican Party of Iowa   |   |  |
| Ames  FEC ID number of contributing federal political committee.  Name of Employer  Self  Property For:   | State Zip Code IA 50010-1136  Cupation sysician ggregate Year-to-Date ▼  500.00 | Date of Receipt  02 03 2010  Transaction ID: 00220.C345136  Amount of Each Receipt this Period  500.00  Receipt  |
| Address 1001 NW 8th Avenue  City Clarion  FEC ID number of contributing federal political committee.  Name of Employer HMC  Ex                  | State Zip Code IA 50525-0000  Coupation ecutive ggregate Year-to-Date   1000.00 | Date of Receipt  02 23 2010  Transaction ID: 00320.C346098  Amount of Each Receipt this Period  1000.00  Receipt |
| West Des Moines  FEC ID number of contributing federal political committee.  Name of Employer  Kirke Financial Services, LLC  Characterist For: | State Zip Code IA 50266-5321  Coupation nairman ggregate Year-to-Date   5000.00 | Date of Receipt  02  |
| SUBTOTAL of Receipts This Page (optional)   | <b>&gt;</b>   | 6500.00  |
| TOTAL This Period (last page this line number only)   | ) <b>&gt;</b>   |  |

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

federal political committee.

|   | FOR LINE NUMBER: | PAGE    | 10 OF | 41 |
|---|------------------|---------|-------|----|
| Use separate schedule(s) for each category of the | (check only one) | ,       | -     |    |
| Detailed Summary Page                             | X 11a 11b        | 11c     | 12 _  | _  |
| ,   | 13 14            | 15      | 16    | 17 |
|   |                  | 11. 11. |       |    |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Republican Party of Iowa Full Name (Last, First, Middle Initial) William Krause Date of Receipt Mailing Address 1105 Burr Oaks Dr 2010 19 City State Zip Code Transaction ID: 00220.C345806 IΑ 50266-6622 West Des Moines Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Receipt Name of Employer Occupation Krause Gentle Corporation Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew Merical Date of Receipt Mailing Address 1002 NE 24th Ct 02 19 2010 City Zip Code State Transaction ID: 00220.C345809 IΑ 50021 Ankeny Amount of Each Receipt this Period FEC ID number of contributing 250.00

|    | Name of Employer Hydro-Klean, Inc.  Receipt For:  Primary General Other (specify) ▼ | Occupation Administration  Aggregate Year-to-Date ▼  250.00 | Receipt                                    |
|----|---|---|--|
| C. | Mailing Address 13302 NE 96th St  |   | Date of Receipt  02 17 2010                |
|    | City  | State Zip Code<br>IA 50161-4121                             | Transaction ID: 00220.C345658              |
|    | Maxwell  FEC ID number of contributing federal political committee.                 | IA 50161-4121   | Amount of Each Receipt this Period  500.00 |
|    | Name of Employer  | Occupation  | Receipt                                    |
|    | n/a   | Homemaker   |  |
|    | Receipt For:  Primary General  Other (specify)                                      | Aggregate Year-to-Date ▼ 500.00                             |  |
|    |   | •   | 3250.00                                    |

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| Use separate schedule(s)  | FOF  | LINE             | NU | MBER | : | PAGE | 1 | 11 C | F | 41 |
|---|------|------------------|----|------|---|------|---|------|---|----|
|   | (che | (check only one) |    |      |   |      |   |      |   |    |
| for each category of the Detailed Summary Page                                | X    | 11a              |    | 11b  |   | 11c  |   | 12   |   |    |
| Detailed Carrinary 1 age  |      | 13               |    | 14   |   | 15   |   | 16   |   | 17 |
| not be sold or used by any person for the purpose of soliciting contributions |      |                  |    |      |   |      |   |      |   |    |

|   | nd Statements may not be sold or used by any per<br>the name and address of any political committee |   |
|---|---|---|
| NAME OF COMMITTEE (In Full) Republican Party of Iowa                                      |   |   |
| Full Name (Last, First, Middle Initial)  Eugene Sukup  Mailing Address 1379 Beeds Lake Dr |   | Date of Receipt   |
| City<br>Hampton   | State Zip Code<br>IA 50441-7437   | 02 19 2010 Transaction ID : 00220.C345807  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  Name of Employer              | Occupation  | 1000.00<br>Receipt  |
| Sukup Manufacturing Co.  Receipt For:  Primary General  Other (specify)   Other           | Chairman  Aggregate Year-to-Date ▼  1000.00   |   |
| Full Name (Last, First, Middle Initial)  Gary Worthan  Mailing Address 5647 105th Ave.    |   | Date of Receipt  02 23 2010   |
| City Storm Lake FEC ID number of contributing   | State Zip Code<br>IA 50588-7714   | Transaction ID : 00320.C346100  Amount of Each Receipt this Period            |
| federal political committee.  Name of Employer Self                                       | Occupation Farmer   | Receipt 200.00  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 275.00   |   |
| Full Name (Last, First, Middle Initial)   |   | Date of Receipt   |
| Mailing Address  City   | State Zip Code  | M = M / D = D / Y = Y = Y   |
| FEC ID number of contributing federal political committee.                                | C   | Amount of Each Receipt this Period  |
| Name of Employer  | Occupation  |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  |   |
| SUBTOTAL of Receipts This Page (optional  | )   | 1200.00   |
| TOTAL This Period (last page this line numl   | ber only)   | 18525.00  |

| SCHEDULE A (FEC Form 3X) |  |            | Use separate schedule(s)                       | 1        | FOR LINE NUMBER: PAGE 12 OF 41 (check only one) |          |                    |         |          |       |                   |  |  |  |
|--------------------------|--|------------|--|----------|---|----------|--------------------|---------|----------|-------|-------------------|--|--|--|
| IT                       | EMIZED RECEIPTS  |            | for each category of the Detailed Summary Page | I `—     | t Offig<br>11a                                  | 11b      |                    | 11c     | 12       |       |                   |  |  |  |
|                          |  |            | Detailed Suffillary Page                       |          | 13  | 14       | X                  | 15      | 16       |       | 17                |  |  |  |
|                          | ly information copied from such Reports and S<br>for commercial purposes, other than using the |            |  |          |   |          |                    |         |          |       |                   |  |  |  |
|                          | NAME OF COMMITTEE (In Full)  |            | , , , , , , , , , , , , , , , , , , ,          |          |   |          |                    |         |          |       |                   |  |  |  |
| $ \rangle$               | Republican Party of Iowa   |            |  |          |   |          |                    |         |          |       |                   |  |  |  |
| Α.                       | Full Name (Last, First, Middle Initial) Polk County GOP (#9156)                                |            |  | Da       | ate of  | Receip   | t                  |         |          |       |                   |  |  |  |
|                          | Mailing Address 621 E 9th St   |            |  |          | 02 11 2010                                      |          |                    |         |          |       |                   |  |  |  |
|                          | City   | State      | Zip Code                                       |          | Γransa  | action I | ID : 00220.C345555 |         |          |       |                   |  |  |  |
|                          | Des Moines   | IA         | 50309-5505                                     | Ar       | nount   | of Eac   | h Rece             | ipt th  | is Perio | d     |                   |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                     | С          |  |          |   | -,       |                    | 7       | 20       | 00.00 |                   |  |  |  |
|                          | Name of Employer   | Occupation |  | Off      | sets to   | Opera    | ting Ex            | pendi   | tu       |       |                   |  |  |  |
|                          | Receipt For: Primary General   | Aggregate  | Year-to-Date ▼                                 |          |   |          | 5 .                |         |          |       |                   |  |  |  |
|                          | Other (specify)  |            | 400.00   |          | IE: F   | ebruary  | Kent               |         |          |       |                   |  |  |  |
| —<br>В.                  | Full Name (Last, First, Middle Initial)  Northey For Iowa Agriculture (#5123                   | 3)         |  | Da       | Date of Receipt                                 |          |                    |         |          |       |                   |  |  |  |
|                          | Mailing Address 2868 140th St  | ,          |  | Г        | 02 162010                                       |          |                    |         |          |       |                   |  |  |  |
|                          | City   | State      | Zip Code                                       |          |   | ction I  |                    | 20.C    |          |       |                   |  |  |  |
|                          | Spirit Lake  | IA         | 51360-7323                                     | Ar       | Amount of Each Receipt this Period              |          |                    |         |          |       |                   |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                     | С          |  |          |   | -,       |                    | 7       | 120      | 00.00 | $\Box$            |  |  |  |
|                          | Name of Employer   | Occupation |  | Offs     | sets to   | Opera    | ing Ex             | oendit  | tu       |       |                   |  |  |  |
|                          | Receipt For:   | Aggregate  | Year-to-Date ▼                                 |          | _   |          |                    |         |          |       |                   |  |  |  |
|                          | Primary General Other (specify) ▼  |            | 1200.00  | NO       | TE: 20  | 010 Off  | ice Rer            | ıt      |          |       |                   |  |  |  |
| —<br>С.                  | Full Name (Last, First, Middle Initial)  |            |  | Di       | ate of  | Receip   | t                  |         |          |       |                   |  |  |  |
| •                        | Mailing Address  |            |  | ┥ _      | VI = M  | / D      |                    | / Y     | - Y - Y  | = Y   | 1                 |  |  |  |
|                          | City   | State      | Zip Code                                       | Ar       | mount   | of Fac   | h Roce             | int th  | is Perio | nd.   |                   |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                     | С          |  |          | nount   | of Lac   | THECE              | ipt til | is i enc | · ·   |                   |  |  |  |
|                          | Name of Employer   | Occupation |  |          |   |          |                    |         |          |       |                   |  |  |  |
|                          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate  | Year-to-Date ▼                                 | ]        |   |          |                    |         |          |       |                   |  |  |  |
| 5                        | UBTOTAL of Receipts This Page (optional)   |            |  | <u> </u> |   |          |                    | _       | 140      | 0.00  | $\overline{\Box}$ |  |  |  |
|                          | OTAL This Period (last page this line number   |            |  | Ī        |   | 7        | -                  | 7       | 140      | 0.00  | J                 |  |  |  |

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                          | 1                 | FOR LINE NUMBER: PAGE 1 (check only one) |                           |  |  |  |  |  |  |  |  |
|---|---|-------------------|--|---------------------------|--|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | X 21b 27          | 22 23 24<br>28a 28b 28c                  | 25 2<br>29 3              |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and Staten<br>or for commercial purposes, other than using the nam |   |                   |  |                           |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) Republican Party of Iowa  | o and address of any pointed                      |                   |  | committee.                |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  FLS Connect, LLC   |   |                   | Date of Disbursement                     |                           |  |  |  |  |  |  |  |  |
| Mailing Address 7300 Hudson Blvd., Suite 270  |   |                   | 02 27                                    | 2010                      |  |  |  |  |  |  |  |  |
| St. Paul  | State Zip Code<br>MN 55128-                       |                   | Transaction ID : 00320.E41419            |                           |  |  |  |  |  |  |  |  |
| Purpose of Disbursement generic telemarketing  Candidate Name   |   |                   | Amount of Each Disbursen                 | nent this Period          |  |  |  |  |  |  |  |  |
| Office Sought: House Disbursen  | nent For:   | Category/<br>Type |  | 12997.25                  |  |  |  |  |  |  |  |  |
| Senate  | Primary General Other (specify) ▼                 |                   | GENERIC TELEMARKETIN                     | IG                        |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  3. James C. Anderson  Mailing Address 507 E Locust St              |   |                   | Date of Disbursement  02 15 20           |                           |  |  |  |  |  |  |  |  |
| Des Moines  | State Zip Code<br>IA 50309-1935                   |                   | Transaction ID : 00320.E                 | 41400                     |  |  |  |  |  |  |  |  |
| Purpose of Disbursement travel  Candidate Name  |   | Category/         | Amount of Each Disbursen                 |                           |  |  |  |  |  |  |  |  |
|   | nent For: Primary General Other (specify) ▼       | Type              | TRAVEL                                   | 440.64                    |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) - Aristotle International, Inc.                                     |   |                   | Date of Disbursement                     |                           |  |  |  |  |  |  |  |  |
| Mailing Address 205 Pennsylvania Ave., SE   |   |                   | 02 06 / Y                                | 2010                      |  |  |  |  |  |  |  |  |
| ,   | State Zip Code<br>DC 20003-                       |                   | Transaction ID : 00320.E                 | 41278                     |  |  |  |  |  |  |  |  |
| PROCESING FEES  Candidate Name  |   | Category/<br>Type | Amount of Each Disbursen                 | nent this Period<br>88.70 |  |  |  |  |  |  |  |  |
| Office Sought: House Disbursen Senate President State: District:  | nent For: Primary General Other (specify) ▼       |                   | PROCESING FEES                           |                           |  |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   | ······            |  | 13526.59                  |  |  |  |  |  |  |  |  |

| S          | CHEDULE B (FEC Form 3X)                            |                      |                                     | T F   | FOR            | LINE      | NUMBER                                | R:         |           |      | PAGE      | 14       | OF     | 41        |
|------------|--|----------------------|-------------------------------------|-------|----------------|-----------|---------------------------------------|------------|-----------|------|-----------|----------|--------|-----------|
| IT         | EMIZED DISBURSEMENTS                               |                      | rate schedule(s)<br>category of the |       | (checl         | k only    | one)                                  | _          | ٦         |      |           |          |        | 7.65      |
|            |  |                      | Summary Page                        |       | X              | 21b<br>27 | 22<br>28a                             |            | 23<br>28b |      | 24<br>28c | 25<br>29 |        | 26<br>30b |
| Λ-         | y information copied from such Reports and Staten  | ente mov s           | not he sold or                      | ead b | V 2001         |           |                                       |            |           | of a |           |          | ıtiona |           |
|            | for commercial purposes, other than using the name |                      |                                     |       |                |           |                                       |            |           |      |           |          |        | ,         |
|            | NAME OF COMMITTEE (In Full)                        |                      |                                     |       |                |           |                                       |            |           |      |           |          |        |           |
| $ \rangle$ | Republican Party of Iowa                           |                      |                                     |       |                |           |                                       |            |           |      |           |          |        |           |
| _          | Full Name (Last, First, Middle Initial)            |                      |                                     |       |                |           |                                       |            |           |      |           |          |        |           |
| A.         | Aristotle International, Inc.                      |                      |                                     |       |                |           | Date of                               | of Di      |           |      |           |          |        |           |
|            | Mailing Address 205 Pennsylvania Ave., SE          |                      |                                     |       |                |           | 02                                    | /          | 1         | 3    | / Y       | 2010     | Y      |           |
|            | City   | State                | Zip Code                            |       |                |           | Tran                                  | eact       | ion ID    | . 00 | 0320.E4   | 1270     |        |           |
|            | Washington Purpose of Disbursement                 | DC                   | 20003-                              |       |                |           | IIaii                                 | Saci       | טו ווטוו  | . 00 | JJ2U.L4   | 1213     |        |           |
|            | processing fee                                     |                      |                                     |       |                |           | Amour                                 | nt of      | Each      | Dis  | burseme   | ent this | Perio  | od        |
|            | Candidate Name                                     |                      |                                     |       | ategor         | y/        |                                       | -          | -         |      |           | 1        | 2.10   | $\neg$    |
|            | Office Sought: House Disbursen                     | nont For             |                                     |       | Type           |           |                                       | -          | 7         |      |           | 4        | ۷. ۱۷  | _         |
|            | Senate Disbursen                                   | General              |                                     |       |                | PROCI     | FSS                                   | ING FI     | FF        |      |           |          |        |           |
|            | President  | cify) 🔻              |                                     |       |                | . 1.001   | _50                                   |            |           |      |           |          |        |           |
| _          | State: District:                                   |                      |                                     |       |                |           |                                       |            |           |      |           |          |        |           |
| R          | Full Name (Last, First, Middle Initial)            |                      |                                     |       |                |           | Date of                               | of D:      | churco    | ma   | nt        |          |        |           |
| ٠.         | Aristotle International, Inc.                      |                      |                                     |       |                |           | Date (                                | ال ار<br>ا |           | D    |           | Y        | Υ      |           |
|            | Mailing Address 205 Pennsylvania Ave., SE          |                      |                                     |       |                |           | 02                                    |            |           | 20   | Ĺ         | 2010     |        |           |
|            | City Sahington                                     | State<br>DC          | Zip Code<br>20003-                  |       |                |           | Tran                                  | sact       | ion ID    | : 0  | 0320.E4   | 1280     |        |           |
|            | Purpose of Disbursement processing fee             |                      |                                     |       |                | $\neg$    | Amour                                 | nt of      | Each      | Dis  | burseme   | ent this | Perio  | od        |
|            | Candidate Name                                     |                      |                                     | Ca    | tegor          | v/        | Amount of Each Disbursement this Peri |            |           |      |           |          |        |           |
|            | 200  |                      |                                     |       | Туре           | ,         |                                       | 3.07       |           |      |           |          |        |           |
|            | Office Sought: House Disbursen Senate              | nent For:<br>Primary | General                             |       |                |           | PROC                                  | FCC        | INIC E    |      |           |          |        |           |
|            |  | Other (spec          |                                     |       |                |           | PROC                                  | ESS        | ING F     | EE   |           |          |        |           |
| _          | State: District:                                   |                      |                                     |       |                |           |                                       |            |           |      |           |          |        |           |
| _          | Full Name (Last, First, Middle Initial)            |                      |                                     |       |                |           | Date o                                | νt Γν:     | churos    | ma   | nt        |          |        |           |
| Ū.         | Aristotle International, Inc.                      |                      |                                     |       |                |           | Date C                                |            | Spurse    |      |           | Y Y      | Y      |           |
|            | Mailing Address 205 Pennsylvania Ave., SE          |                      |                                     |       |                |           | 02                                    |            |           | 7    | Ĺ         | 2010     | Ĺ      |           |
|            | ,  | State                | Zip Code                            |       |                |           | Tran                                  | sact       | ion ID    | : 0  | 0320.E4   | 1281     |        |           |
|            | Purpose of Disbursement                            | DC                   | 20003-                              |       |                | $\dashv$  |                                       |            |           |      |           |          |        |           |
|            | processing fee                                     |                      |                                     |       |                |           | Amour                                 | nt of      | Each      | Dis  | burseme   | ent this | Perio  | bc        |
|            | Candidate Name                                     |                      |                                     |       | ategor<br>Type | y/        |                                       |            |           |      |           | 11       | 7.29   | $\neg$    |
|            | Office Sought: House Disbursen                     | nent For:            |                                     |       | rype           |           |                                       | -          | 7         |      | 7         |          |        | _         |
|            | Senate   | Primary              | General                             |       |                |           | PROCI                                 | ESS        | ING FI    | EE   |           |          |        |           |
|            |  | Other (spec          | cify) 🔻                             |       |                |           |                                       |            |           |      |           |          |        |           |
|            | State: District:                                   |                      |                                     |       |                |           |                                       |            |           |      |           |          |        |           |
| H          | UBTOTAL of Disbursements This Page (optional)      |                      |                                     |       |                | <u> </u>  | F                                     | -          | 7         |      | 7         | 47       | 2.46   | =         |
| T          | OTAL This Period (last page this line number only) |                      |                                     |       |                | •         |                                       |            | ,         |      | 7         |          | -      |           |

| S           | CHEDULE B (FEC Form 3X)  |                        |                                   | FOR LINE          | NUMBER:     |            | PAGI       | ∃ 15     | OF 41     |  |  |
|-------------|--|------------------------|-----------------------------------|-------------------|-------------|------------|------------|----------|-----------|--|--|
| IT          | EMIZED DISBURSEMENTS   |                        | arate schedule(s) category of the | (check only       | ·           |            |            |          |           |  |  |
|             |  |                        | Summary Page                      | X 21b 27          | 22<br>28a   | 23<br>28b  | 24<br>28c  | 25<br>29 | 26<br>30l |  |  |
| Δ,          | ny information copied from such Reports and Statem   | ente may r             | not be sold or us                 |                   |             |            |            |          |           |  |  |
| or          | for commercial purposes, other than using the nam  | e and addr             | ess of any politic                | al committee to   | solicit con | tributions | from such  | commit   | tee.      |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                        |                                   |                   |             |            |            |          |           |  |  |
| $ \rangle$  | Republican Party of Iowa   |                        |                                   |                   |             |            |            |          |           |  |  |
| _           | Full Name (Last, First, Middle Initial)  |                        |                                   |                   |             |            |            |          |           |  |  |
| Α.          |  |                        |                                   |                   | Date of     | Disburse / |            | Y        | Υ         |  |  |
|             | Mailing Address 665 Locust Street PO Box 4914  |                        |                                   |                   | 02          | 06         | 5          | 2010     |           |  |  |
|             |  | State                  | Zip Code                          |                   | Transa      | action ID  | : 00320.E4 | 1391     |           |  |  |
|             | Des Moines Purpose of Disbursement   | IA                     | 50306-4914                        |                   |             |            |            |          |           |  |  |
|             | bank fees  |                        |                                   |                   | Amount      | of Each    | Disburseme | ent this | Period    |  |  |
|             | Candidate Name   |                        |                                   | Category/<br>Type |             | 45         |            | 32       | 5.56      |  |  |
|             | Office Sought: House Disbursem   | nent For:              |                                   | .,,,,             |             | 7          | 7          |          |           |  |  |
|             |  | Primary<br>Other (spec | General General                   |                   | BANK FI     | EES        |            |          |           |  |  |
|             | State: District:   | ` '                    | - · ·                             |                   |             |            |            |          |           |  |  |
|             | Full Name (Last, First, Middle Initial)  |                        |                                   |                   |             |            |            |          |           |  |  |
| B.          | Bankers Trust Company  |                        |                                   |                   | Date of     | Disburse   |            | Y        | Υ         |  |  |
|             | Mailing Address 665 Locust Street PO Box 4914  |                        |                                   |                   | 02          | 1:         |            | 2010     |           |  |  |
|             | Des Moines   | State<br>IA            | Zip Code<br>50306-4914            |                   | Transa      | action ID  | : 00320.E4 | 1397     |           |  |  |
|             | Purpose of Disbursement bank fees  |                        |                                   | · · ·             | Amount      | of Each    | Disburseme | ent this | Period    |  |  |
|             | Candidate Name   |                        |                                   | Category/<br>Type | 490.7       |            |            |          |           |  |  |
|             | Office Sought: House Disbursem   | nent For:              |                                   | 71                |             | Ź          | ,          |          |           |  |  |
|             |  | Primary                | General                           |                   | BANK F      | EES        |            |          |           |  |  |
|             | President State: District:   | Other (spec            | cify) 🔻                           |                   |             |            |            |          |           |  |  |
| _           | Full Name (Last, First, Middle Initial)  |                        |                                   |                   | D-4 (       | Diales     |            |          |           |  |  |
| U.          | Bankers Trust Company  |                        |                                   |                   |             | Disburse   |            |          |           |  |  |
|             | Mailing Address 665 Locust Street PO Box 4914  |                        |                                   |                   | 02          | 20         |            | 2010     | Y         |  |  |
|             |  | State                  | Zip Code                          |                   | Transa      | action ID  | : 00320.E4 | 1415     |           |  |  |
|             | Des Moines Purpose of Disbursement   | IA                     | 50306-4914                        |                   |             |            |            | -        |           |  |  |
|             | bank fees  Candidate Name  |                        |                                   |                   | Amount      | of Each    | Disburseme | ent this | Period    |  |  |
|             |  |                        |                                   | Category/<br>Type |             |            |            | 268      | 3.71      |  |  |
|             | Office Sought: House Disbursem   | nent For:              |                                   |                   |             | ,          | ,          |          |           |  |  |
|             |  | Primary                | General                           |                   | BANK FI     | EES        |            |          |           |  |  |
|             |  | Other (spec            | city) ▼                           |                   |             |            |            |          |           |  |  |
| _           | State: District:   |                        |                                   |                   |             |            |            |          |           |  |  |
| H           | SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only). |                        |                                   |                   | Ë           | -          | - 7        | 1085     | 5.00      |  |  |

## 17

| 5( | CHEDULE B (FEC Form 3X)  |                      |                                   | FOR LINE          | E NUMBER             | :          | F       | PAGE   | 16 (     | OF 41     |  |  |  |
|----|--|----------------------|-----------------------------------|-------------------|----------------------|------------|---------|--------|----------|-----------|--|--|--|
| IT | EMIZED DISBURSEMENTS   |                      | arate schedule(s) category of the | (check on         |                      |            |         |        |          |           |  |  |  |
| _  |  |                      | Summary Page                      | X 21b             | 22<br>28a            | 23<br>28b  | 24      |        | 25<br>29 | 26<br>30b |  |  |  |
|    | ny information copied from such Reports and Stater for commercial purposes, other than using the nam |                      |                                   |                   |                      |            |         |        |          |           |  |  |  |
|    | NAME OF COMMITTEE (In Full)  |                      | 71                                |                   |                      |            |         |        |          |           |  |  |  |
|    | Republican Party of Iowa   |                      |                                   |                   |                      |            |         |        |          |           |  |  |  |
| _  | Full Name (Last, First, Middle Initial)  |                      |                                   |                   | F :                  | ( D:-!     |         |        |          |           |  |  |  |
| Α. | Rebecca Beach  |                      |                                   |                   | Date of Disbursement |            |         |        |          |           |  |  |  |
|    | Mailing Address 4020 John Lynde Rd   |                      |                                   |                   | 02 15 2010           |            |         |        |          |           |  |  |  |
|    | City   | State Zip Code       |                                   |                   |                      |            |         |        |          |           |  |  |  |
|    | Des Moines   | IA                   | 50312-3038                        |                   |                      | saction ID | . 00320 | J.E414 | 02       |           |  |  |  |
|    | Purpose of Disbursement generic fundraising fee  |                      |                                   |                   | Amour                | t of Each  | Disburs | sement | this I   | Period    |  |  |  |
|    | Candidate Name   |                      |                                   | Category/<br>Type |                      | . ,        |         |        | 1586     | 5.00      |  |  |  |
|    | Office Sought: House Disburser   |                      |                                   |                   |                      |            |         |        |          |           |  |  |  |
|    | Senate President   | Primary Other (spe   | General                           |                   | GENER                | RIC FUNDE  | RAISING | G FEE  |          |           |  |  |  |
|    | State: District:   | Other (spe           | :ciiy) <b>▼</b>                   |                   |                      |            |         |        |          |           |  |  |  |
|    | Full Name (Last, First, Middle Initial)  |                      |                                   |                   |                      |            |         |        |          |           |  |  |  |
| В. | Christian Printers, Inc.   |                      |                                   |                   | Date of              | f Disburse | ment    |        |          |           |  |  |  |
|    |  |                      |                                   |                   | M = M                | / D        | D /     | Y Y    | Υ        | Υ         |  |  |  |
|    | Mailing Address 1411 21st Street   |                      |                                   |                   | 02                   | 05         | 5       | 20     | 010      |           |  |  |  |
|    | City S Des Moines  | State<br>IA          | Zip Code<br>50311-                |                   | Tran                 | saction ID | : 00320 | 0.E412 | :85      |           |  |  |  |
|    | Purpose of Disbursement  |                      | 00011                             |                   | -                    |            |         |        |          |           |  |  |  |
|    | GENERIC PRINTING   |                      |                                   |                   | Amour                | t of Each  | Disburs | sement | this I   | Period    |  |  |  |
|    | Candidate Name   |                      |                                   | Category/<br>Type |                      | ,          |         |        | 969      | 9.37      |  |  |  |
|    | Office Sought: House Disburser   | ment For:            |                                   |                   |                      |            |         |        |          |           |  |  |  |
|    | Senate   | Primary              | General                           |                   | GENE                 | RIC PRINTI | ING     |        |          |           |  |  |  |
|    | President State: District:   | Other (spe           | ciry) 🔻                           |                   |                      |            |         |        |          |           |  |  |  |
| _  | Full Name (Last, First, Middle Initial)  |                      |                                   |                   |                      |            |         |        |          |           |  |  |  |
| C. | Delta Dental Plan of Iowa  |                      |                                   |                   | Date of              | f Disburse | ment    |        |          |           |  |  |  |
|    | Mailing Address PO Box 857   |                      |                                   |                   | 02                   | / D 01     |         |        | 010      | Y         |  |  |  |
|    | Widning Address FO BUX 657   |                      |                                   |                   | 02                   |            |         |        | ,10      |           |  |  |  |
|    |  | State                | Zip Code                          |                   | Tran                 | saction ID | : 00320 | 0.E412 | :82      |           |  |  |  |
|    | Ankeny Purpose of Disbursement   | IA                   | 50021-0857                        |                   | $\dashv$             |            |         |        |          |           |  |  |  |
|    | GROUP INSURANCE  |                      |                                   |                   | Amour                | it of Each | Disburs | sement | this I   | Period    |  |  |  |
|    | Candidate Name   |                      |                                   | Category/         | 1                    |            |         |        | 271      | .68       |  |  |  |
|    | Office Cought: House Bishurse  |                      |                                   | Туре              |                      |            |         |        | 2/1      | .00       |  |  |  |
|    | Office Sought: House Disburser Senate  | nent For:<br>Primary | General                           |                   | 0001                 |            | JOE     |        |          |           |  |  |  |
|    | President  | Other (spe           |                                   |                   | GROUI                | P INSURAN  | NCE     |        |          |           |  |  |  |
|    | State: District:   | (-I <sub>2</sub> -   | <i>→</i> , <b>▼</b>               |                   |                      |            |         |        |          |           |  |  |  |
| Г  | 1  |                      |                                   |                   |                      |            | _       | _      | _        | -         |  |  |  |
| s  | SUBTOTAL of Disbursements This Page (optional)   |                      |                                   |                   |                      |            |         |        | 2827     | .05       |  |  |  |
| _  | OTAL This Period (last page this line number only)   | 1                    |                                   |                   |                      |            |         |        |          |           |  |  |  |
|    | VIAL THIS I CHOO (last page this line humber Offly)  |                      |                                   |                   |                      | 1 (8)      |         | D      |          |           |  |  |  |

| S           | CHEDULE B (FEC Form 3X)  |                |                              | FOR LINE          | NUMBER: |             | PA        | GE 17             | OF 41  |  |  |  |
|-------------|--|----------------|------------------------------|-------------------|---------|-------------|-----------|-------------------|--------|--|--|--|
| IT          | EMIZED DISBURSEMENTS   |                | te schedule(s) tegory of the | (check only       | · ·     |             |           |                   |        |  |  |  |
|             |  |                | immary Page                  | X 21b             | 22      | 23          | 24        | 25                | 26     |  |  |  |
|             |  |                |                              | 27                | 28a     | 28b         | 28c       | 29                | 301    |  |  |  |
|             | ly information copied from such Reports and Statem<br>for commercial purposes, other than using the nam  |                |                              |                   |         |             |           |                   |        |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                |                              |                   |         |             |           |                   |        |  |  |  |
|             | Republican Party of Iowa   |                |                              |                   |         |             |           |                   |        |  |  |  |
| _           | Full Name (Last, First, Middle Initial)  |                |                              |                   |         |             |           |                   |        |  |  |  |
| Α.          | John Hulsizer  |                |                              |                   | Date of | f Disbursei |           | / I Y I Y         | V      |  |  |  |
|             | Mailing Address 2824 Indiana Ave.  |                |                              |                   | 02      | 15          |           | 2010              |        |  |  |  |
|             | City   | State          | Zip Code                     |                   | T       | antina ID   | . 00000 [ | -44.400           |        |  |  |  |
|             | Dubuque  | IA .           | 52001-                       |                   | Irans   | action ID   | . 00320.6 | :41406            |        |  |  |  |
|             | Purpose of Disbursement travel   |                |                              |                   | Amount  | t of Each   | Disburse  | ment this         | Period |  |  |  |
|             | Candidate Name   |                |                              | Category/         |         |             |           | 3′                | 10.80  |  |  |  |
|             | Office Sought: House Disbursen   | nent For:      |                              | Туре              |         |             | 7         |                   |        |  |  |  |
|             | Senate   | Primary        | General                      |                   | TRAVE   | L           |           |                   |        |  |  |  |
|             | State: District:   | Other (specify | <b>√</b> ) ▼                 |                   |         |             |           |                   |        |  |  |  |
|             | Full Name (Last, First, Middle Initial)  |                |                              |                   |         |             |           |                   |        |  |  |  |
| В.          | Kim Lehman   |                |                              |                   | Date of | f Disbursei | ment      |                   |        |  |  |  |
|             | Mailing Address 5873 Dogwood Ln  |                |                              |                   | 02      | 15          |           | 2010              | Y      |  |  |  |
|             | City   |                | Zip Code                     |                   | Trans   | saction ID  | · 00320 I | <br>-41401        |        |  |  |  |
|             | Johnston Richard and Dichard a | IA             | 50131-1625                   |                   | l       | odotion ib  | . 00020   | -41401            |        |  |  |  |
|             | Purpose of Disbursement REIMBURSEMENT: SEE BELOW   |                |                              |                   | Amoun   | t of Each   | Disburse  | ment this         | Period |  |  |  |
|             | Candidate Name   |                |                              | Category/<br>Type | 2078    |             |           |                   |        |  |  |  |
|             | Office Sought: House Disbursen   | nent For:      |                              | 1,700             |         |             | ,         |                   |        |  |  |  |
|             | Senate   | Primary        | General                      |                   | REIMBI  | URSEMEN     | IT: SEE   | BELOW             |        |  |  |  |
|             | President State: District:   | Other (specify | <b>√</b> ) ▼                 |                   |         |             |           |                   |        |  |  |  |
| _           | Full Name (Last, First, Middle Initial)  |                |                              |                   |         |             |           |                   |        |  |  |  |
| C.          | Hilton Hawaiian Village  |                |                              |                   |         | f Disbursei |           |                   |        |  |  |  |
|             | Mailing Address 2005 Kalia Rd  |                |                              |                   | 02      | 15          |           | 2010              | Y      |  |  |  |
|             |  |                | Zip Code                     |                   | Trans   | saction ID  | : 00320.E | <br><b>E41447</b> |        |  |  |  |
|             | Honolulu<br>Purpose of Disbursement  | HI             | 96815-1917                   |                   |         |             |           |                   |        |  |  |  |
|             | lodging  |                |                              | L                 | Amount  | t of Each   | Disburse  | ment this         | Period |  |  |  |
|             | Candidate Name   |                |                              | Category/<br>Type |         |             |           | 105               | 58.55  |  |  |  |
|             | Office Sought: House Disbursen   | nent For:      |                              |                   | [MEMO   | ITFM1       | - 1       |                   |        |  |  |  |
|             |  | Primary        | General                      |                   | -       | LODGING     | i         |                   |        |  |  |  |
|             |  | Other (specify | <b>/</b> ) <b>▼</b>          |                   |         |             |           |                   |        |  |  |  |
|             | State: District:   |                |                              |                   |         |             |           |                   |        |  |  |  |
| s           | UBTOTAL of Disbursements This Page (optional)  |                |                              | ·····• <u>▶</u>   |         |             |           | 238               | 39.25  |  |  |  |
| Т           | OTAL This Period (last page this line number only)   |                |                              | ·····             |         |             |           |                   |        |  |  |  |

|                   | CHEDULE B (FEC Form 3X)  | Hee congrete col   | nedulo(o)     | FOR LINE I         |                               | PAGE 18 OF 41                       |  |  |  |  |  |  |  |
|-------------------|--|--|---------------|--------------------|-------------------------------|-------------------------------------|--|--|--|--|--|--|--|
| ΙT                | EMIZED DISBURSEMENTS   | Use separate sch<br>for each category<br>Detailed Summar | of the        | (check only 21b 27 | 22 2                          | 3 24 25 26<br>8b 28c 29 30          |  |  |  |  |  |  |  |
|                   | y information copied from such Reports and Statem for commercial purposes, other than using the name |  |               |                    |                               |                                     |  |  |  |  |  |  |  |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) Republican Party of Iowa   |  |               |                    |                               |                                     |  |  |  |  |  |  |  |
|                   | Full Name (Last, First, Middle Initial)  |  |               |                    |                               |                                     |  |  |  |  |  |  |  |
| ۹.                | US Airways V   |  |               |                    | Date of Disbu                 | ursement                            |  |  |  |  |  |  |  |
|                   | Mailing Address 4000 E Sky Harbor Blvd   |  |               |                    | 02                            | 15 2010                             |  |  |  |  |  |  |  |
|                   | City S<br>Phoenix  | State Zip Co<br>AZ 85034                                 |               |                    | Transaction ID : 00320.E41448 |                                     |  |  |  |  |  |  |  |
|                   | Purpose of Disbursement airfare  |  | Г             |                    | Amount of Ea                  | ach Disbursement this Period        |  |  |  |  |  |  |  |
|                   | Candidate Name   |  |               | Category/<br>Type  |                               | 902.90                              |  |  |  |  |  |  |  |
|                   | President  |  | General       | .,,,,              | [MEMO ITEM<br>MEMO: AIRFA     | <del>-</del>                        |  |  |  |  |  |  |  |
|                   | State: District: Full Name (Last, First, Middle Initial)   |  |               |                    |                               |                                     |  |  |  |  |  |  |  |
| 3.                | Erin Rapp  |  |               |                    | Date of Disbu                 | ursement                            |  |  |  |  |  |  |  |
|                   | Mailing Address 3008 44th St   |  |               |                    | 02                            | 27 2010                             |  |  |  |  |  |  |  |
|                   | Des Moines   | State Zip Co   | ode<br>0-3515 |                    | Transaction                   | n ID : 00320.E41418                 |  |  |  |  |  |  |  |
|                   | Purpose of Disbursement REIMBURSEMENT: SEE BELOW   |  | Γ             |                    | Amount of Ea                  | ach Disbursement this Period        |  |  |  |  |  |  |  |
|                   | Candidate Name   |  |               | Category/<br>Type  | 45                            |                                     |  |  |  |  |  |  |  |
|                   |  |  | General       |                    | REIMBURSEI                    | MENT: SEE BELOW                     |  |  |  |  |  |  |  |
| <b>-</b><br>>.    | Full Name (Last, First, Middle Initial)  Stephen Scheffler   |  |               |                    | Date of Disbu                 |                                     |  |  |  |  |  |  |  |
|                   | Mailing Address 5112 Tamara Ln   |  |               |                    | 02                            | 15 2010                             |  |  |  |  |  |  |  |
|                   | City S<br>WEST DES MOINES  | State Zip Co   |               |                    | Transaction                   | n ID : 00320.E41412                 |  |  |  |  |  |  |  |
|                   | Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name                                      |  |               | Category/          | Amount of Ea                  | ach Disbursement this Period 567.37 |  |  |  |  |  |  |  |
|                   | Office Sought: House Disbursen   | ent For:   |               | Туре               | 7                             | 001.01                              |  |  |  |  |  |  |  |
|                   | Senate President   |  | General       |                    | REIMBURSEN                    | MENT: SEE BELOW                     |  |  |  |  |  |  |  |
|                   | State: District:   |  |               |                    |                               |                                     |  |  |  |  |  |  |  |

## 17

| SCHEDULE B (FEC Form 3X)  | 11  | FOR LINE          | NUMBER:                       | PAGE 19 OF 41                   |  |  |  |  |  |  |  |  |
|---|---|-------------------|-------------------------------|---------------------------------|--|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the | (orleast orling   |                               |                                 |  |  |  |  |  |  |  |  |
|   | Detailed Summary Page                             | 21b               | 22 23<br>28a 28b              | 24   25   26<br>28c   29   30b  |  |  |  |  |  |  |  |  |
| Any information copied from such Reports and Statem                               |   |                   |                               |                                 |  |  |  |  |  |  |  |  |
| or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full) | e and address of any politic                      | cai committee to  | SOlicit contributions         | irom such committee.            |  |  |  |  |  |  |  |  |
| Republican Party of Iowa  |   |                   |                               |                                 |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                   | Data of Diskursament          |                                 |  |  |  |  |  |  |  |  |
| A. Stephen Scheffler  |   |                   | Date of Disbursen             |                                 |  |  |  |  |  |  |  |  |
| Mailing Address 5112 Tamara Ln  |   |                   | 02 15 2010                    |                                 |  |  |  |  |  |  |  |  |
|   | State Zip Code                                    |                   | Transaction ID :              | 20217 F48840                    |  |  |  |  |  |  |  |  |
| WEST DES MOINES Purpose of Disbursement   | IA 50265-   |                   | Transaction 12 :              | 202111210010                    |  |  |  |  |  |  |  |  |
| Transportation  |   |                   | Amount of Each D              | Disbursement this Period        |  |  |  |  |  |  |  |  |
| Candidate Name  |   | Category/         |                               | 445.44                          |  |  |  |  |  |  |  |  |
|   |   | Type              |                               | 445.11                          |  |  |  |  |  |  |  |  |
|   | nent For:  Primary General  Other (specify)       |                   | [MEMO ITEM]<br>MEMO: TRANSPO  | PRTATION                        |  |  |  |  |  |  |  |  |
| State: District:  |   |                   |                               |                                 |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                   |                               |                                 |  |  |  |  |  |  |  |  |
| B. Stephen Scheffler  |   |                   | Date of Disbursen             |                                 |  |  |  |  |  |  |  |  |
| Mailing Address 5112 Tamara Ln  |   |                   | 02 15                         |                                 |  |  |  |  |  |  |  |  |
| WEST DES MOINES   | State Zip Code<br>IA 50265-                       |                   | Transaction ID :              | 00320.E41411                    |  |  |  |  |  |  |  |  |
| Purpose of Disbursement<br>REIMBURSEMENT: SEE BELOW                               |   |                   | Amount of Each D              | Disbursement this Period        |  |  |  |  |  |  |  |  |
| Candidate Name  |   | Category/<br>Type | Amount of Edon's              | 1567.30                         |  |  |  |  |  |  |  |  |
|   | nent For: Primary General Other (specify)         |                   | REIMBURSEMEN                  | T: SEE BELOW                    |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. United Airlines                       |   |                   | Date of Disbursen             |                                 |  |  |  |  |  |  |  |  |
| Mailing Address 2 N. LaSalle Street   |   |                   | 02 15                         |                                 |  |  |  |  |  |  |  |  |
| Chicago   | State Zip Code<br>IL 60602-                       |                   | Transaction ID :              | 00320.E41450                    |  |  |  |  |  |  |  |  |
| Purpose of Disbursement aifare/meals  |   |                   |                               |                                 |  |  |  |  |  |  |  |  |
| Candidate Name  |   | Category/<br>Type |                               | Disbursement this Period 112.00 |  |  |  |  |  |  |  |  |
|   | nent For: Primary General Other (specify)         | 71.               | [MEMO ITEM]<br>MEMO: AIFARE/M |                                 |  |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)                                    |   |                   |                               | 1567.30                         |  |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only).                              |   |                   |                               |                                 |  |  |  |  |  |  |  |  |

| LE B (FEC Form 3X) Use separate sol  | edule(s) FOR LINE NUMBER: PAGE 20 OF 41  |
|--|--|
| DISBURSEMENTS  for each category Detailed Summar   | of the   |
|  | old or used by any person for the purpose of soliciting contributions ny political committee to solicit contributions from such committee. |
| COMMITTEE (In Full) lican Party of Iowa  | ny pointear committee to solicit contributions from such committee.  |
| (Last, First, Middle Initial)  | Data of Diskursament   |
| Hawaiian Village   | Date of Disbursement   |
| dress 2005 Kalia Rd  | 02 15 2010   |
| State Zip Co   | Transaction ID · 00320 F41451  |
| HI 96815<br>f Disbursement   | 1917   |
| eals   | Amount of Each Disbursement this Period  |
| Name   | Category/<br>Type 1347.32  |
| President Other (specify) ▼  | eneral [MEMO ITEM]  MEMO: LODGING/MEALS  |
| District:  |  |
| (Last, First, Middle Initial)<br>Schickel  | Date of Disbursement   |
| dress 1443 E State St  | 02 05 2010   |
| ,  | de<br>-4433 Transaction ID : 00320.E41386  |
| f Disbursement   | Amount of Each Disbursement this Period  |
| Name   | Category/<br>Type 429.20   |
| ght: House Disbursement For:  Senate Primary Other (specify)  District:                    | eneral TRAVEL  |
| (Last, First, Middle Initial)  | Date of Disbursement   |
| dress 180 School St.   | 02 05 2010   |
| State Zip Co<br>IA 52302   | Iransaction ID : 00320.E41290  |
| f Disbursement   | Amount of Each Disbursement this Period  |
| Name   | Category/ Type 102.86  |
| ght: House Disbursement For:  Senate Primary Other (specify) ▼  District:                  | eneral TRAVEL  |
| of Disbursements This Page (optional)  | 532.06   |
| District:  of Disbursements This Page (optional)  Period (last page this line number only) |  |

## 17

| SC           | HEDULE B (FEC Form 3X)                                   | Hara to the state of                        | 1=(:)             | FOR LINE     | NUMBER:              |              | PAGE      | 21 (     | OF 41     |  |  |  |  |  |
|--------------|--|---|-------------------|--------------|----------------------|--------------|-----------|----------|-----------|--|--|--|--|--|
| ITE          | MIZED DISBURSEMENTS                                      | Use separate schedul for each category of t |                   | (check only  |                      | 7.05         |           |          |           |  |  |  |  |  |
|              |  | Detailed Summary Pa                         |                   | X 21b 27     | 22<br>28a            | 23<br>28b    | 24<br>28c | 25<br>29 | 26<br>30b |  |  |  |  |  |
|              | information copied from such Reports and State           |   |                   |              |                      |              |           |          |           |  |  |  |  |  |
|              | or commercial purposes, other than using the nat         | me and address of any p                     | oolitical         | committee to | solicit contri       | butions fro  | m such    | commit   | tee.      |  |  |  |  |  |
| I \          | NAME OF COMMITTEE (In Full) Republican Party of Iowa     |   |                   |              |                      |              |           |          |           |  |  |  |  |  |
| /            | •  |   | _                 |              |                      |              |           |          |           |  |  |  |  |  |
| _            | Full Name (Last, First, Middle Initial)                  |   |                   |              | Date of Disbursement |              |           |          |           |  |  |  |  |  |
| <b>~</b> .   | Kabel Business Services                                  |   |                   |              | M M                  | / D D        |           | Y        | Y         |  |  |  |  |  |
| N            | Mailing Address 1454 30th Street Suite 202               |   |                   |              | 02 05 2010           |              |           |          |           |  |  |  |  |  |
|              | City   | State Zip Code                              |                   |              | Transac              | tion ID:00   | 0320.E41  | 392      |           |  |  |  |  |  |
|              | Vest Des Moines Purpose of Disbursement                  | IA 50266-                                   |                   |              |                      |              |           |          |           |  |  |  |  |  |
|              | REIMBURSMENT: SEE BELOW                                  |   |                   |              | Amount o             | f Each Dis   | burseme   | nt this  | Period    |  |  |  |  |  |
| 7            | Candidate Name   |   |                   | Category/    |                      |              |           | 15968    | 8.40      |  |  |  |  |  |
| 7            | Office Sought: House Disburse                            | ment For:                                   |                   | Туре         |                      | 7            | 7         | .5556    |           |  |  |  |  |  |
|              | Senate   | Primary Gener                               | ral               |              | REIMBUR              | SMENT: S     | SEE BELO  | OW       |           |  |  |  |  |  |
|              | President  | Other (specify) ▼                           |                   |              |                      |              |           |          |           |  |  |  |  |  |
|              | State: District:   |   |                   |              |                      |              |           |          |           |  |  |  |  |  |
| _            | Full Name (Last, First, Middle Initial)                  |   |                   |              | Date of D            | isburseme    | nt        |          |           |  |  |  |  |  |
| <b>D</b> . , | James C. Anderson  |   |                   |              | M M                  | / D D        |           | Y        | Υ         |  |  |  |  |  |
| N            | Mailing Address 507 E Locust St                          |   |                   |              | 02                   | 05           | Ĺ         | 2010     |           |  |  |  |  |  |
|              | City<br>Des Moines                                       | State Zip Code<br>IA 50309-193              | ).E               |              | Transac              | tion ID : 00 | 0320.E41  | 1421     |           |  |  |  |  |  |
| F            | Purpose of Disbursement                                  | 50309-193                                   | ).J               |              |                      |              |           |          |           |  |  |  |  |  |
|              | salary   |   |                   |              | Amount o             | f Each Dis   | burseme   | nt this  | Period    |  |  |  |  |  |
| C            | Candidate Name   |   |                   | Category/    |                      |              |           | 277      | 7.00      |  |  |  |  |  |
| ō            | Office Sought: House Disburse                            | ment For:                                   |                   | Туре         | IMEMO I              | EMI          | ,         |          |           |  |  |  |  |  |
|              | Senate   | Primary Gener                               | ral               |              | [MEMO IT<br>MEMO: SA |              |           |          |           |  |  |  |  |  |
|              | President  | Other (specify) ▼                           |                   |              |                      |              |           |          |           |  |  |  |  |  |
|              | State: District:   |   |                   |              |                      |              |           |          |           |  |  |  |  |  |
| _            | Full Name (Last, First, Middle Initial)  Danielle Hardon |   |                   |              | Date of D            | isburseme    | nt        |          |           |  |  |  |  |  |
|              |  |   |                   |              | M M                  | / D D        |           | ΥΥΥ      | Υ         |  |  |  |  |  |
| N            | Mailing Address 1303 Seymour St                          |   |                   |              | 02                   | 05           | L.        | 2010     |           |  |  |  |  |  |
| -            | Dity   | State Zip Code                              |                   |              | <b></b>              | d            | 2000 = 1  |          |           |  |  |  |  |  |
| Т            | AMA  | IA 52339-                                   | ,                 |              | Transac              | tion ID : 00 | U320.E41  | 422      |           |  |  |  |  |  |
|              | Purpose of Disbursement salary                           |   | П                 |              |                      |              |           |          |           |  |  |  |  |  |
| 7            | Candidate Name   |   | $\dashv$ $\vdash$ | Category/    | Amount o             | f Each Dis   | burseme   | nt this  | Period    |  |  |  |  |  |
|              |  |   | '                 | Type         | L                    | 7            |           | 1203     | 3.57      |  |  |  |  |  |
| C            |  | ment For:                                   |                   |              | [MEMO IT             | EM]          |           |          |           |  |  |  |  |  |
|              | Senate President   | Primary Gener  Other (specify)              | ral               |              | MEMO: SA             | ALARY        |           |          |           |  |  |  |  |  |
| S            | State: District:   | onion (specify) ▼                           |                   |              |                      |              |           |          |           |  |  |  |  |  |
|              | l  |   |                   |              |                      |              |           |          |           |  |  |  |  |  |
| su           | BTOTAL of Disbursements This Page (optional).            |   |                   |              |                      |              | ,         | 15968    | 3.40      |  |  |  |  |  |
|              | TAL This Desired (leak one Will III                      | <u> </u>                                    |                   |              |                      |              |           |          |           |  |  |  |  |  |
| ΙľO          | TAL This Period (last page this line number only         | 7)  |                   |              |                      | ALC: 1       | - m - 1   |          |           |  |  |  |  |  |

| S           | CHEDULE B (FEC Form 3X)  |                      |              | , F      | FOR            | LINE       | NUMBER   | 1:    |           |      | PAGE      | 22       | OF      | 41  |
|-------------|--|----------------------|--------------|----------|----------------|------------|----------|-------|-----------|------|-----------|----------|---------|-----|
| IT          | EMIZED DISBURSEMENTS   | Use sepa             | k only       | one)     | _              | 7          | _        | 1 "   |           |      |           |          |         |     |
|             |  |                      | Summary Page |          | X              | 21b<br>27  | 22       |       | 23<br>28h |      | 24<br>28c | 25<br>29 |         | 26  |
| ·           |  | <u> </u>             |              | <u>_</u> |                |            | 28a      |       | 28b       | Ļ    |           |          | <u></u> | 30b |
|             | ny information copied from such Reports and Statem<br>for commercial purposes, other than using the name |                      |              |          |                |            |          |       |           |      |           |          |         | 3   |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                      |              |          |                |            |          |       |           |      |           |          |         |     |
|             | Republican Party of Iowa   |                      |              |          |                |            |          |       |           |      |           |          |         |     |
| _           | Full Name (Last, First, Middle Initial)  |                      |              |          |                |            |          |       |           |      |           |          |         |     |
| Α.          | Eric Johansen  |                      |              |          |                |            | Date o   | of Di | sburse    |      |           | Y        | V       |     |
|             | Mailing Address 304 NW 8th Street  |                      |              |          |                |            | 02       | _     |           | 5    | Ľ         | 2010     | Ш       |     |
|             | City   | State                | Zip Code     |          |                |            | Tran     | cact  | ion ID    | - nr | 0320.E4   | 1/122    |         |     |
|             | Grimes   | IA                   | 50111-       |          |                |            | IIaii    | Saci  | םו ווטו   | . 00 | /J2U.L4   | 1423     |         |     |
|             | Purpose of Disbursement salary   |                      |              |          |                |            | Amour    | nt of | Each      | Disl | burseme   | ent this | Perio   | od  |
|             | Candidate Name   |                      |              |          | ategor<br>Type | y/         |          |       |           |      |           | 162      | 1.79    |     |
|             | Office Sought: House Disbursen   | nent For:            |              |          | туре           |            | [MEM     | O IT  | EM1       |      | ,         |          |         |     |
|             |  | Primary              | General      |          |                |            | MEMO     |       |           |      |           |          |         |     |
|             |  | Other (spe           | ecify) 🔻     |          |                |            |          |       |           |      |           |          |         |     |
| _           | State: District:   |                      |              |          |                |            |          |       |           |      |           |          |         |     |
| R           | Full Name (Last, First, Middle Initial)  |                      |              |          |                |            | Date of  | of Di | shurse    | mei  | nt        |          |         |     |
| ٠.          | Megan Koontz   |                      |              |          |                |            | M        |       |           | D    |           | Y        | V       |     |
|             | Mailing Address 111 10th St Unit 210   |                      |              |          |                |            | 02       |       |           | )5   | Ĺ         | 2010     | Ĺ       |     |
|             |  | State                | Zip Code     |          |                |            | Tran     | sact  | ion ID    | : 00 | 0320.E4   | 1424     |         |     |
|             | Des Moines Purpose of Disbursement   | IA                   | 50309-4222   |          |                |            |          |       |           |      |           |          |         |     |
|             | salary   |                      |              |          |                |            | Amour    | nt of | Each      | Disl | burseme   | ent this | Perio   | od  |
|             | Candidate Name   |                      |              | Ca       | ategor         | y/         |          |       | -         |      |           | 121      | 9.50    |     |
|             | Office County  |                      |              |          | Type           |            |          | -     | 7         | _    | 7         | 131      | 9.50    |     |
|             | Office Sought: House Disbursen Senate  | nent For:<br>Primary | General      |          |                |            | [MEM]    |       |           |      |           |          |         |     |
|             |  | Other (spe           |              |          |                |            | MEMO     | ): SA | LARY      |      |           |          |         |     |
|             | State: District:   | (0)                  | <b>y</b> /   |          |                |            |          |       |           |      |           |          |         |     |
|             | Full Name (Last, First, Middle Initial)  |                      |              |          |                |            |          |       |           |      |           |          |         |     |
| C.          | Carolyn McGoldrick   |                      |              |          |                |            | Date of  | of Di | sburse    | mer  | nt        |          |         |     |
|             | Mailing Address 1032 Bradford Place  |                      |              |          |                |            | 02       | /     | 0         | 5    | / Y       | 2010     | Υ       |     |
|             | Walling Address 1032 Bladiold Flace  |                      |              |          |                |            | UZ.      |       |           |      |           | 2010     |         |     |
|             | •  | State                | Zip Code     |          |                |            | Tran     | sact  | ion ID    | : 00 | 0320.E4   | 1425     |         |     |
|             | West Des Moines Purpose of Disbursement  | IA                   | 50266-       |          |                |            |          |       |           |      |           |          |         |     |
|             | salary   |                      |              |          |                |            | Amour    | nt of | Fach      | Die  | burseme   | ant this | Pario   | od  |
|             | Candidate Name   |                      |              | Ca       | ategor         | v/         | Amour    | 11 01 | Lacii     | Disi | burscriic |          |         | Ju  |
|             |  |                      |              |          | Type           | <b>y</b> , |          |       | ,         |      | ,         | 37       | 4.34    |     |
|             | Office Sought: House Disbursen   |                      |              |          |                |            | [MEM     | о іті | EM]       |      |           |          |         |     |
|             |  | Primary              | General      |          |                |            | MEMO     | : SA  | LARY      |      |           |          |         |     |
|             | State: District:   | Other (spe           | city) 🔻      |          |                |            |          |       |           |      |           |          |         |     |
| г           | Diotriot.  |                      |              |          |                |            |          |       |           | _    |           |          |         | _   |
| , ا         | SUBTOTAL of Disbursements This Page (optional)   |                      |              |          |                |            |          |       |           | _    |           | (        | 0.00    |     |
| F           |  |                      |              |          |                |            | <b>#</b> | ÷     | 7         | =    | 7         | _        |         | =   |
| Т           | OTAL This Period (last page this line number only)   |                      |              |          |                | •          |          |       | ,         |      | ,         |          |         |     |

| S           | CHEDULE B (FEC Form 3X)   |                    |                            |      | FOR            | LINE     | NUMBEF   | R:    |         |         | PAGE     | 23       | OF    | 41  |
|-------------|---|--------------------|----------------------------|------|----------------|----------|----------|-------|---------|---------|----------|----------|-------|-----|
| IT          | EMIZED DISBURSEMENTS  | Use sepa           | k only                     | one) |                | 7        |          | 1     |         |         |          |          |       |     |
|             |   |                    | Summary Page               |      | X              | 21b      | 22       |       | 23      |         | 24       | 25       |       | 26  |
| _           |   |                    |                            |      |                | 27       | 28a      |       | 28b     |         | 28c      | 29       |       | 30b |
|             | ny information copied from such Reports and Statem for commercial purposes, other than using the name |                    |                            |      |                |          |          |       |         |         |          |          |       | ;   |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                    |                            |      |                |          |          |       |         |         |          |          |       |     |
|             | Republican Party of Iowa  |                    |                            |      |                |          |          |       |         |         |          |          |       |     |
| _           | Full Name (Last, First, Middle Initial)   |                    |                            |      |                |          |          |       |         |         |          |          |       |     |
| Α.          | Chad Olsen  |                    |                            |      |                |          | Date of  | of Di | sburse  |         |          | Y        | Υ     |     |
|             | Mailing Address 300 S. 5th Street   |                    |                            |      |                |          | 02       | 4     | 0       | 5       | L.       | 2010     | _     |     |
|             | City  | State              | Zip Code                   |      |                |          | Tran     | cact  | ion ID  | . 00    | )320.E41 | 1427     |       |     |
|             | Guthrie Center  | IA                 | 50115-1605                 |      |                |          | IIaii    | Saci  | טו ווטו | . 00    | /32U.E4  | 1421     |       |     |
|             | Purpose of Disbursement salary  |                    |                            |      | Amoui          | nt of    | Each     | Disl  | burseme | nt this | Perio    | od       |       |     |
|             | Candidate Name  |                    |                            |      | ategor<br>Type | ry/      |          |       |         |         |          | 98       | 8.39  | ٦   |
|             | Office Sought: House Disbursen  | nent For:          | l                          |      | 1,00           |          | [MEM     | O IT  | EM1     |         | ,        |          |       |     |
|             |   | Primary Other (spe | General                    |      |                |          | MEMC     |       |         |         |          |          |       |     |
|             | State: District:  | Other (spe         | City) $\blacktriangledown$ |      |                |          |          |       |         |         |          |          |       |     |
| _           | Full Name (Last, First, Middle Initial)   |                    |                            |      |                |          |          |       |         |         |          |          |       |     |
| В.          | Wesley Peterson   |                    |                            |      |                |          | Date of  |       |         |         |          |          |       |     |
|             | Mailing Address 1433 Mattern Ave  |                    |                            |      |                |          | 02       | /     |         | 5       |          | 2010     | Y     |     |
|             | City 5  | State<br>IA        | Zip Code<br>50316-         |      |                |          | Tran     | sact  | ion ID  | : 00    | 0320.E41 | 1428     |       |     |
|             | Purpose of Disbursement salary  |                    |                            | Т    | -              | $\neg$   | Amoui    | nt of | Fach    | Disl    | burseme  | nt this  | Perio | nd  |
|             | Candidate Name  |                    |                            |      |                | _        | Amoun    | 11 01 | Lacii   | Disi    | Juiscine | 111 1113 | CIIC  | 7.0 |
|             |   |                    |                            |      | ategor<br>Type | y/       |          |       | 7       |         | -        | 119      | 3.37  |     |
|             | Office Sought: House Disbursen  | nent For:          | I                          |      |                |          | [MEM     | о іт  | EM1     |         |          |          |       |     |
|             |   | Primary            | General                    |      |                |          | MEMO     |       |         |         |          |          |       |     |
|             | President State: District:  | Other (spe         | cify) 🔻                    |      |                |          |          |       |         |         |          |          |       |     |
| _           | Full Name (Last, First, Middle Initial)   |                    |                            |      |                |          | <u> </u> |       |         |         |          |          |       |     |
| C.          | Matthew Strawn  |                    |                            |      |                |          | Date of  | of Di | sburse  | mer     |          |          |       |     |
|             | Mailing Address 702 SW Coventry Cir   |                    |                            |      |                |          | 02       | /     | 0       | 5       |          | 2010     | Y     |     |
|             | City  | State              | Zip Code                   |      |                |          | Tran     | sact  | ion ID  | - 00    | 0320.E41 | 1429     |       |     |
|             | Ankeny Purpose of Disbursement  | IA                 | 50023-9200                 |      |                | _        | i i u i  | Juoi  |         |         | 7020.E4  | 1423     |       |     |
|             | salary  |                    |                            |      |                |          | Amoui    | nt of | Fach    | Disl    | burseme  | nt this  | Perio | nd  |
|             | Candidate Name  |                    |                            |      | ategor<br>Type | y/       | -        |       |         |         | 74.000   | 1100     |       |     |
|             | Office Sought: House Disbursen  | nent For:          | l                          |      | 7123           |          | [MEM     | O IT  | FM1     |         | ,        |          |       |     |
|             | Senate  | Primary            | General                    |      |                |          | MEMO     |       | -       |         |          |          |       |     |
|             | President   | Other (spe         | cify) 🔻                    |      |                |          |          |       |         |         |          |          |       |     |
|             | State: District:  |                    |                            |      |                |          |          |       |         |         |          |          |       |     |
| s           | SUBTOTAL of Disbursements This Page (optional)  |                    |                            |      |                | <b>•</b> |          | =     | ,       |         |          | (        | 0.00  |     |
| 1           | OTAL This Period (last page this line number only)  |                    |                            |      |                | •        | L        | _     | ,       |         | ,        |          |       | ╝   |

|                | CHEDULE B (FEC Form 3X)  | Hee ee     | arata sahadula(s)                 | FOR LINE          |             |             | PAGE 24 OF                  | 41   |
|----------------|--|------------|-----------------------------------|-------------------|-------------|-------------|-----------------------------|------|
| IT             | EMIZED DISBURSEMENTS   | for each   | arate schedule(s) category of the | (check only       | one)        | 23          | 24 25                       | 7 26 |
|                |  | Detailed   | Summary Page                      | 27                | 28a         | 28b         | 28c 29                      | 30b  |
| Ai             | ny information copied from such Reports and Staten for commercial purposes, other than using the nam | nents may  | not be sold or use                | ed by any perso   | on for the  | purpose     | of soliciting contributions | S    |
| \ <u></u>      | NAME OF COMMITTEE (In Full)  | ic and add | 1000 of ally politice             | ar committee to   | SUILUIT COI | iii ibuliUH | 5 HOITI SUCIT COMMINICEE.   |      |
| $ \rangle$     | Republican Party of Iowa   |            |                                   |                   |             |             |                             |      |
| _              | Full Name (Last, First, Middle Initial)  |            |                                   |                   | Б.          |             |                             |      |
| A.             | Kabel Business Services  |            |                                   |                   | Date of     | f Disburs   | ement / Y Y Y Y Y           |      |
|                | Mailing Address 1454 30th Street Suite 202   |            |                                   |                   | 02          | (           | 2010                        |      |
|                | ,  | State      | Zip Code                          |                   | Trans       | action IE   | D : 00320.E41431            |      |
|                | West Des Moines Purpose of Disbursement  | IA         | 50266-                            |                   |             |             |                             |      |
|                | payroll services   |            |                                   |                   | Amount      | t of Each   | Disbursement this Perio     | od   |
|                | Candidate Name   |            |                                   | Category/<br>Type |             |             | 44.02                       |      |
|                | Office Sought: House Disbursen   | nent For:  |                                   | туре              | [MEMC       | ITFM1       |                             |      |
|                | Senate   | Primary    | General                           |                   | -           | -           | L SERVICES                  |      |
|                | President State: District:   | Other (spe | cify) 🔻                           |                   |             |             |                             |      |
| _              | Full Name (Last, First, Middle Initial)  |            |                                   |                   |             |             |                             |      |
| В.             | United States Treasury   |            |                                   |                   | Date of     | Disburs     |                             |      |
|                | Mailing Address Internal Revenue Service Center  |            |                                   |                   | 02          |             | 05 2010                     |      |
|                | City   | State      | Zip Code                          |                   | Trans       | action II   | D : 00320.E41433            |      |
|                | Kansas City Purpose of Disbursement  | МО         | 64999-                            |                   | mans        | action is   | 5 . 00320.L41433            |      |
|                | taxes  |            |                                   | · · ·             | Amount      | t of Each   | Disbursement this Perio     | od   |
|                | Candidate Name   |            |                                   | Category/<br>Type |             |             | 3647.19                     |      |
|                | Office Sought: House Disbursen   | nent For:  |                                   | Турс              | IMEMO       | ITEM]       |                             |      |
|                |  | Primary    | General                           |                   | -           | TAXES       |                             |      |
|                | President State: District:   | Other (spe | cify) 🔻                           |                   |             |             |                             |      |
| _              | Full Name (Last, First, Middle Initial)  |            |                                   |                   | D-1         | . Diele     |                             |      |
| C.             | Treasurer, State Of Iowa   |            |                                   |                   |             | Disburs     |                             |      |
|                | Mailing Address Hoover Office Building   |            |                                   |                   | 02          |             | 05 2010                     |      |
|                | ,  | State      | Zip Code                          |                   | Trans       | action II   | D : 00320.E41434            |      |
|                | Des Moines Purpose of Disbursement   | IA         | 50319-                            |                   |             |             |                             |      |
|                | taxes  |            |                                   |                   | Amount      | t of Fach   | Disbursement this Perio     | od   |
|                | Candidate Name   |            |                                   | Category/<br>Type | , and an    | or Edon     | 635.00                      |      |
|                | Office Sought: House Disbursen   | nent For:  |                                   |                   | [MEMO       | ITEMI       |                             |      |
|                |  | Primary    | General                           |                   | MEMO:       | -           |                             |      |
|                | President District:  | Other (spe | cify) 🔻                           |                   |             |             |                             |      |
|                | State: District:   |            |                                   |                   |             |             |                             |      |
| H              | UBTOTAL of Disbursements This Page (optional)  |            |                                   |                   | H           |             | 0.00                        | 4    |
| 1 <sup>1</sup> | <b>OTAL</b> This Period (last page this line number only)  |            |                                   | ·····             |             | -           |                             |      |

### S 17

| S          | CHEDULE B (FEC Form 3X)   |                    |                                      | F    | OR I        | LINE        | NUME  | BER:               |      |             |      | PAG       | E 25     | OF   | 41  |
|------------|---|--------------------|--------------------------------------|------|-------------|-------------|-------|--------------------|------|-------------|------|-----------|----------|------|-----|
| IT         | EMIZED DISBURSEMENTS  |                    | arate schedule(s)<br>category of the | ) (c |             | only        |       | _                  |      | 1           |      | 1         |          |      |     |
|            |   |                    | Summary Page                         |      | ×           | 21b<br>27   |       | 2                  |      | 23          |      | 24<br>28c | 25<br>29 |      | 26  |
| _          |   |                    |                                      |      |             |             |       | 8a                 |      | 28b         | Ļ    |           |          |      | 30b |
|            | ny information copied from such Reports and Staten<br>for commercial purposes, other than using the nam |                    |                                      |      |             |             |       |                    |      |             |      |           |          |      |     |
|            | NAME OF COMMITTEE (In Full)   |                    |                                      |      |             |             |       |                    |      |             |      |           |          |      |     |
| $ \rangle$ | Republican Party of Iowa  |                    |                                      |      |             |             |       |                    |      |             |      |           |          |      |     |
| _          | Full Name (Last, First, Middle Initial)   |                    |                                      |      |             |             |       |                    |      |             |      |           |          |      |     |
| Α.         | State of Iowa - Workforce Develop   | ment               |                                      |      |             |             | Da    | te of              | Dis  | sburse      |      |           | YY       | ■ Y  | 1   |
|            | Mailing Address PO Box 9231   |                    |                                      |      |             |             | L     | 02                 | ı    | 0           | 5    |           | 2010     | _    |     |
|            | City  | State              | Zip Code                             |      |             |             | т.    | rane               | acti | ion ID      | . 00 | )320.E4   | 1/35     |      |     |
|            | Des Moines  | IA                 | 50306-9231                           |      |             |             | •     | alis               | acti | טו ווט      | . 00 | J320.E4   | 1433     |      |     |
|            | Purpose of Disbursement payroll taxes   |                    |                                      | Г    |             |             | Am    | oun                | t of | Each        | Dis  | bursem    | ent this | Per  | iod |
|            | Candidate Name  |                    |                                      |      | egor        | y/          |       |                    |      |             |      |           | 106      | 3.74 | 1   |
|            | Office Sought: House Disbursen  | nent For:          |                                      |      | ype         |             | F3.41 | -146               |      | - 1 - 1     |      | 7         |          |      | _   |
|            | Senate  | Primary Other (spe | General cify) ▼                      |      |             |             |       | E <b>MC</b><br>MO: |      | EM]<br>YROL | L TA | AXES      |          |      |     |
|            | State: District:  |                    |                                      |      |             |             |       |                    |      |             |      |           |          |      |     |
|            | Full Name (Last, First, Middle Initial)   |                    |                                      |      |             |             |       |                    |      |             |      |           |          |      |     |
| В.         | Kabel Business Services   |                    |                                      |      |             |             | Da    | te of              | Dis  | sburse      |      |           | YY       | V    |     |
|            | Mailing Address 1454 30th Street Suite 202  |                    |                                      |      |             |             | IVI   | 02                 |      | 0           | 5    | / Y       | 2010     | - Y  |     |
|            | City  | State              | Zip Code                             |      |             |             |       |                    |      |             |      |           |          |      |     |
|            | West Des Moines   | IA                 | 50266-                               |      |             |             | Т     | rans               | acti | ion ID      | : 00 | 0320.E4   | 1393     |      |     |
|            | Purpose of Disbursement payroll services  |                    |                                      |      | -           | $\neg$      | Λ     | 0                  | . of | Cook        | Dia  | h         | ant thia | Dor  | d a |
|            | Candidate Name  |                    |                                      |      |             | _           | AII   | ouri               | 01   | Eacn        | DIS  | bursem    | ent this | Per  | loa |
|            |   |                    |                                      |      | egor<br>ype | y/          | L     |                    |      | ,           |      | - 7       | 40       | 1.00 | )   |
|            | Office Sought: House Disbursen  | nent For:          | I                                    |      |             |             |       |                    |      |             |      |           |          |      |     |
|            |   | Primary            | General                              |      |             |             | PA'   | YRO                | LL S | SERV        | ICE: | S         |          |      |     |
|            |   | Other (spe         | cify) 🔻                              |      |             |             |       |                    |      |             |      |           |          |      |     |
| _          | State: District: Full Name (Last, First, Middle Initial)  |                    |                                      |      |             |             |       |                    |      |             |      |           |          |      |     |
| C.         | Kabel Business Services   |                    |                                      |      |             |             | Da    | te of              | Dis  | sburse      | mei  | nt        |          |      |     |
|            |   |                    |                                      |      |             |             | M     | - M                | 1    | D           | D    | / Y       | YY       | Y    | 1   |
|            | Mailing Address 1454 30th Street Suite 202  |                    |                                      |      |             |             |       | 02                 | ı.   | 1           | 9    |           | 2010     | _    |     |
|            | City  | State              | Zip Code                             |      |             |             |       |                    |      | ian ID      | . 00 | 220 E     | 14.44.4  |      |     |
|            | West Des Moines   | IA                 | 50266-                               |      |             |             | '     | rans               | acti | ion iD      | : 00 | )320.E4   | 71414    |      |     |
|            | Purpose of Disbursement payroll services  |                    |                                      |      | _           |             |       |                    |      |             |      |           |          |      |     |
|            | Candidate Name  |                    |                                      |      |             |             | Am    | oun                | of   | Each        | Dis  | bursem    | ent this | Per  | iod |
|            | Candidate Name  |                    |                                      |      | egor<br>ype | y/          |       | Π                  | Π    |             |      |           | 40       | 1.00 | )   |
|            | Office Sought: House Disbursen  | nent For:          |                                      |      |             | $\neg \neg$ |       |                    |      | 7           |      | 7         |          |      | _   |
|            | Senate  | Primary            | General                              |      |             |             | PA    | /RO                | LL S | SERVI       | CES  | 3         |          |      |     |
|            |   | Other (spe         | cify) ▼                              |      |             |             |       |                    |      |             |      |           |          |      |     |
| _          | State: District:  |                    |                                      |      |             |             |       |                    |      |             |      |           |          |      |     |
| s          | SUBTOTAL of Disbursements This Page (optional)  |                    |                                      |      |             | <b>•</b>    |       | Ξ                  |      | ,           |      | 7         | 80       | 2.00 | ,   |
| H          |   |                    |                                      |      |             |             |       |                    |      |             |      |           |          |      | 一   |
| T          | OTAL This Period (last page this line number only)  |                    |                                      |      |             |             |       |                    |      | 7           |      | 7         |          |      |     |

| 5(  | CHEDULE B (FEC Form 3X)                                    | 11  | FOR LINE          | NUMBER:               | PAGE 26 OF 41          |
|-----|--|---|-------------------|-----------------------|------------------------|
| T   | EMIZED DISBURSEMENTS                                       | Use separate schedule(s) for each category of the | (Clieck Offig     |                       | NA                     |
|     |  | Detailed Summary Page                             | X 21b 27          |                       | 24 25 26<br>28c 29 30b |
| Δr  | ny information copied from such Reports and Staten         | nents may not be sold or u                        |                   |                       |                        |
|     | for commercial purposes, other than using the nam          |   |                   |                       |                        |
| \   | NAME OF COMMITTEE (In Full)                                |   |                   |                       |                        |
|     | Republican Party of Iowa                                   |   |                   |                       |                        |
| _   | Full Name (Last, First, Middle Initial)                    |   |                   |                       |                        |
| ۵.  | Kabel Business Services                                    |   |                   | Date of Disbursement  |                        |
|     | Nabel Busilless Services                                   |   |                   | M M / D D /           | Y Y Y Y                |
|     | Mailing Address 1454 30th Street Suite 202                 |   |                   | 02 19                 | 2010                   |
|     | City   | 21-1- 7:- O-d-                                    |                   |                       |                        |
|     | City S<br>West Des Moines                                  | State Zip Code<br>IA 50266-                       |                   | Transaction ID: 0032  | 20.E41413              |
|     | Purpose of Disbursement                                    | 00200   |                   |                       |                        |
|     | REIMBURSEMENT: SEE BELOW                                   |   |                   | Amount of Each Disbu  | rsement this Period    |
|     | Candidate Name   |   | Category/         |                       | 14341.37               |
|     | Office Courbb  |   | Type              |                       | 14041.07               |
|     | Office Sought: House Disbursen Senate                      | nent For: Primary General                         |                   | DEIMBURGEMENT OF      | TE DELOW               |
|     |  | Other (specify)                                   |                   | REIMBURSEMENT: SE     | E BELOW                |
|     | State: District:   | ( 1   |                   |                       |                        |
|     | Full Name (Last, First, Middle Initial)                    |   |                   |                       |                        |
| 3.  | Kabel Business Services                                    |   |                   | Date of Disbursement  |                        |
|     | Mailier Address (1710010) 10 10                            |   |                   | M M / D D /           | 2010                   |
|     | Mailing Address 1454 30th Street Suite 202                 |   |                   | 02 19                 | 2010                   |
|     | City   | State Zip Code                                    |                   | Transaction ID : 0032 | 20 E41426              |
|     | West Des Moines  | IA 50266-   |                   | Transaction ib . 0032 | 20.241430              |
|     | Purpose of Disbursement payroll services                   |   |                   | Amount of Each Disbu  | reamont this Pariod    |
|     | Candidate Name   |   |                   | Amount of Each Disbu  | isement this renou     |
|     |  |   | Category/<br>Type |                       | 130.41                 |
|     | Office Sought: House Disbursen                             | nent For:   |                   | [MEMO ITEM]           |                        |
|     |  | Primary General                                   |                   | MEMO: PAYROLL SER     | VICES                  |
|     |  | Other (specify)                                   |                   |                       |                        |
| _   | State: District:   |   |                   |                       |                        |
| 2.  | Full Name (Last, First, Middle Initial)  James C. Anderson |   |                   | Date of Disbursement  |                        |
|     | James C. Anderson  |   |                   | M M / D D /           | Y Y Y Y                |
|     | Mailing Address 507 E Locust St                            |   |                   | 02 19                 | 2010                   |
|     | City   | State 7:- Cada                                    |                   |                       |                        |
|     | City S Des Moines  | State Zip Code IA 50309-1935                      |                   | Transaction ID: 0032  | 20.E41437              |
|     | Purpose of Disbursement                                    |   |                   |                       |                        |
|     | salary   |   |                   | Amount of Each Disbu  | rsement this Period    |
|     | Candidate Name   |   | Category/         |                       | 2777.00                |
|     | Office Sought: House Disbursen                             | nont For:   | Туре              |                       |                        |
|     |  | Primary General                                   |                   | [MEMO: SALARY         |                        |
|     | President  | Other (specify)                                   |                   | MEMO: SALARY          |                        |
|     | State: District:   |   |                   |                       |                        |
|     |  |   | '                 |                       |                        |
| S   | SUBTOTAL of Disbursements This Page (optional)             |   | ·····•            |                       | 14341.37               |
| _   | OTAL This Period (last page this line number only)         |   |                   |                       |                        |
| - 1 | VIAL THIS I CHOU (last page this line number only)         |   |                   |                       |                        |

### S 17

| S         | CHEDULE B (FEC Form 3X)   |            |                                      | F    | OR I        | INE      | NUMBE | R:       |         |       | PAG      | E 27       | OF    | 41  |
|-----------|---|------------|--------------------------------------|------|-------------|----------|-------|----------|---------|-------|----------|------------|-------|-----|
| IT        | EMIZED DISBURSEMENTS  |            | arate schedule(s)<br>category of the | ) (c |             | only     |       | _        | 7.55    |       |          |            | _     |     |
|           |   |            | Summary Page                         |      | ×           | 21b      | 22    | <u>,</u> | 23      |       | 24       | 25         |       | 26  |
| <u> </u>  |   | <u> </u>   |                                      |      |             | 27       | 28    |          | 28b     |       | 28c      | 29         |       | 30b |
|           | ny information copied from such Reports and Statem for commercial purposes, other than using the name |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
| $\sqrt{}$ | NAME OF COMMITTEE (In Full)   |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
|           | Republican Party of Iowa  |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
| _         | Full Name (Last, First, Middle Initial)   |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
| A.        | Danielle Hardon   |            |                                      |      |             |          | Date  | of D     | isburs  |       |          | YY         | Y     | 1   |
|           | Mailing Address 1303 Seymour St   |            |                                      |      |             |          | 0     | 2        |         | 9     | L        | 2010       |       |     |
|           | City  | State      | Zip Code                             |      |             |          | Tra   | neac     | tion IF | · 0   | 0320.E4  | 1/38       |       |     |
|           | TAMA  | IA         | 52339-                               |      |             |          | 110   | IISac    | tion it | . 0   | U32U.L4  | 1430       |       |     |
|           | Purpose of Disbursement salary  |            |                                      | П    |             |          | Amo   | unt o    | f Each  | Dis   | burseme  | ent this   | Peri  | iod |
|           | Candidate Name  |            |                                      |      | egor<br>ype | y/       | Г.    |          | 45      |       | 45       | 137        | 2.33  |     |
|           | Office Sought: House Disbursen  | nent For:  |                                      |      | 71          |          | IME   | MO IT    | EM1     |       |          |            |       |     |
|           | Senate  | Primary    | General                              |      |             |          |       |          | ALARY   |       |          |            |       |     |
|           |   | Other (spe | cify) 🔻                              |      |             |          |       |          |         |       |          |            |       |     |
| _         | State: District:  |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
| В.        | Full Name (Last, First, Middle Initial)   |            |                                      |      |             |          | Doto  | of D     | ichuro  |       | mt       |            |       |     |
| О.        | Eric Johansen   |            |                                      |      |             |          |       |          | isburse |       |          |            |       |     |
|           | Mailing Address 304 NW 8th Street   |            |                                      |      |             |          | 0     | 2        | _       | 9     | / Y      | 2010       | Y     |     |
|           | maining / tear occ 304 NVV our oneet  |            |                                      |      |             |          |       |          |         |       |          | 2010       |       |     |
|           | City  | State      | Zip Code                             |      |             |          | Tra   | nsac     | tion IF | ) · 0 | 0320.E4  | 1439       |       |     |
|           | Grimes  | IA         | 50111-                               |      |             |          |       |          |         |       |          | 00         |       |     |
|           | Purpose of Disbursement salary  |            |                                      |      |             |          | Amo   | unt o    | f Fach  | Dis   | burseme  | ent this   | Peri  | iod |
|           | Candidate Name  |            |                                      | 0.4  |             |          | 71110 | unit 0   | Laon    | Dio   | barocini | JIIC (1110 | 1 011 | -   |
|           |   |            |                                      |      | egor        | y/       |       |          | -       |       |          | 162        | 1.79  | )   |
|           | Office Sought: House Disbursen  | nent For:  | I.                                   |      |             |          | ГМЕ   | MO IT    | ГЕМ]    |       |          |            |       |     |
|           |   | Primary    | General                              |      |             |          | _     |          | ALARY   |       |          |            |       |     |
|           |   | Other (spe | cify) 🔻                              |      |             |          |       |          |         |       |          |            |       |     |
| _         | State: District:  |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
| _         | Full Name (Last, First, Middle Initial)   |            |                                      |      |             |          | Doto  | of D     | isburse |       | mt       |            |       |     |
| C.        | Megan Koontz  |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
|           | Mailing Address 111 10th St Unit 210  |            |                                      |      |             |          | M 0:  | _        | / D     | 9     | / Y      | 2010       | Y     |     |
|           | 3   |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
|           | City  | State      | Zip Code                             |      |             |          | Tra   | nsac     | tion IF | · 0   | 0320.E4  | 1440       |       |     |
|           | Des Moines  | IA         | 50309-4222                           |      |             |          |       |          |         |       |          |            |       |     |
|           | Purpose of Disbursement salary  |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
|           | Candidate Name  |            |                                      |      |             | _        | Amo   | unt o    | f Each  | Dis   | burseme  | ent this   | Peri  | iod |
|           |   |            |                                      |      | egor        | y/       |       |          |         |       |          | 131        | 1.24  |     |
|           | Office Sought: House Disbursen  | nent For:  |                                      |      | 71          |          | IME   | II ON    | FM1     |       | 7        |            |       | _   |
|           | Senate  | Primary    | General                              |      |             |          | -     |          | LMRY    |       |          |            |       |     |
|           | President   | Other (spe | cify) ▼                              |      |             |          |       |          |         |       |          |            |       |     |
| _         | State: District:  |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
|           |   |            |                                      |      |             |          |       |          |         |       |          |            | 200   |     |
| Ls        | SUBTOTAL of Disbursements This Page (optional)  |            |                                      |      |             | <b>•</b> |       | _        | 7       |       | 7        |            | 0.00  | Ш   |
| ļ.,       | OTAL This Period (last page this line number and )  |            |                                      |      |             |          |       |          |         |       |          |            |       |     |
| 1 '       | <b>'OTAL</b> This Period (last page this line number only)  |            |                                      |      | •••••       |          |       |          | -       |       |          |            |       |     |

| S           | CHEDULE B (FEC Form 3X)  |             |                                      |   | FOR            | LINE   | NUMBE     | R:            |                       |     | PAGI    | E 28     | OF        | 41        |
|-------------|--|-------------|--------------------------------------|---|----------------|--------|-----------|---------------|-----------------------|-----|---------|----------|-----------|-----------|
| IT          | EMIZED DISBURSEMENTS   |             | arate schedule(s)<br>category of the | ) | (chec          | k only | one)      | _             | ¬                     | _   |         |          |           |           |
|             |  |             | Summary Page                         |   | ×              | 21b    | 22        | Ĺ             | 23                    |     | 24      | 25       |           | 26        |
| _           |  |             |                                      |   |                | 27     | 288       |               | 28b                   |     | 28c     | 29       |           | 30b       |
|             | ny information copied from such Reports and Statem<br>for commercial purposes, other than using the name |             |                                      |   |                |        |           |               |                       |     |         |          |           | 3         |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |             |                                      |   |                |        |           |               |                       |     |         |          |           |           |
| $ \rangle$  | Republican Party of Iowa   |             |                                      |   |                |        |           |               |                       |     |         |          |           |           |
|             | Full Name (Last, First, Middle Initial)  |             |                                      |   |                |        |           |               |                       |     |         |          |           |           |
| Α.          | Carolyn McGoldrick   |             |                                      |   |                |        | Date      | of D          | isburs                |     |         | Y        | Y         |           |
|             | Mailing Address 1032 Bradford Place  |             |                                      |   |                |        | 02        | 2             |                       | 9   | L       | 2010     |           |           |
|             | City   | State       | Zip Code                             |   |                |        | Tro       | 200           | tion IF               |     | 0320.E4 | 1 1 1 1  |           |           |
|             | West Des Moines  | IA          | 50266-                               |   |                |        | IIa       | IISac         | lion iL               | . 0 | J32U.E4 | 1441     |           |           |
|             | Purpose of Disbursement salary   |             |                                      | Г |                |        | Amou      | unt o         | f Each                | Dis | burseme | ent this | Perio     | bc        |
|             | Candidate Name   |             |                                      | С | ategoi         | ry/    |           |               |                       |     |         | 23       | 2.37      | П         |
|             | Office Sought: House Disbursen   | nent For:   |                                      |   | Туре           |        | FMEN      | 40 IT         | - TAA1                |     | 7       |          |           |           |
|             |  | Primary     | General                              |   |                |        | [MEN      |               | EIVIJ<br>ALARY        |     |         |          |           |           |
|             |  | Other (spe  | cify) ▼                              |   |                |        |           |               |                       |     |         |          |           |           |
| _           | State: District:   |             |                                      |   |                |        |           |               |                       |     |         |          |           |           |
| В.          | Full Name (Last, First, Middle Initial)  |             |                                      |   |                |        | Data      | of D          | isburse               | ama | nt      |          |           |           |
| υ.          | Chad Olsen   |             |                                      |   |                |        | M         |               |                       | D   |         | Y        | V         |           |
|             | Mailing Address 300 S. 5th Street  |             |                                      |   |                |        | 02        | _             |                       | 19  | /       | 2010     | Y         |           |
|             | -  | State       | Zip Code                             |   |                |        | Tra       | nsac          | tion ID               | ):0 | 0320.E4 | 1442     |           |           |
|             | Guthrie Center Purpose of Disbursement   | IA          | 50115-1605                           |   |                |        |           |               |                       |     |         |          |           |           |
|             | salary   |             |                                      | Г |                |        | Amou      | unt o         | f Each                | Dis | burseme | ent this | Perio     | od        |
|             | Candidate Name   |             |                                      | С | ategoi         | ry/    |           |               |                       |     |         | 98       | 8.39      | П         |
|             | Office Sought: House Disbursen   | nent For:   |                                      |   | Туре           |        |           |               | 7                     |     | 7       |          |           |           |
|             |  | Primary     | General                              |   |                |        | [MEN      |               | T <b>EM]</b><br>Alary | ,   |         |          |           |           |
|             |  | Other (spe  |                                      |   |                |        | IVI⊏IVI   | U. 3 <i>i</i> | ALAK I                |     |         |          |           |           |
|             | State: District:   |             | •                                    |   |                |        |           |               |                       |     |         |          |           |           |
| _           | Full Name (Last, First, Middle Initial)  |             |                                      |   |                |        |           |               |                       |     | _       |          |           |           |
| C.          | Matthew Strawn   |             |                                      |   |                |        | Date      | of D          | isburs                |     |         |          |           |           |
|             | Mailing Address 702 SW Coventry Cir  |             |                                      |   |                |        | O2        | _             | / D                   | 9   | / Y     | 2010     | Y         |           |
|             |  |             |                                      |   |                |        |           |               |                       |     |         |          |           |           |
|             | City S<br>Ankeny   | State<br>IA | Zip Code<br>50023-9200               |   |                |        | Tra       | nsac          | tion IE               | : 0 | 0320.E4 | 1443     |           |           |
|             | Purpose of Disbursement  |             | 00020 0200                           |   | -              | _      |           |               |                       |     |         |          |           |           |
|             | salary   |             |                                      |   |                |        | Amou      | unt of        | f Each                | Dis | burseme | ent this | Perio     | bc        |
|             | Candidate Name   |             |                                      | С | ategoi<br>Type | ry/    | Π.        |               |                       |     |         | 110      | 0.50      | П         |
|             | Office Sought: House Disbursen   | nent For:   |                                      |   | Турс           |        | [MEN      | 40 IT         | EM1                   |     | 7       |          |           |           |
|             | Senate   | Primary     | General                              |   |                |        | -         |               | LINI]<br>ALARY        |     |         |          |           |           |
|             | President  | Other (spe  | cify) 🔻                              |   |                |        |           | o. o.         |                       |     |         |          |           |           |
|             | State: District:   |             |                                      |   |                |        |           |               |                       |     |         |          |           |           |
|             | CIPTOTAL of Dishurasments This Bogs (entional)   |             |                                      |   |                |        |           |               |                       |     |         | (        | 0.00      | $\exists$ |
| $\vdash$    | SUBTOTAL of Disbursements This Page (optional)   |             |                                      |   |                |        | -         | =             | 7                     |     | -1      | _        | $\dot{=}$ | =         |
| Т           | OTAL This Period (last page this line number only)   |             |                                      |   |                | •      | <u></u> . |               | 7                     |     | - 7     |          |           |           |

| 21 | CHEDULE B (FEC Form 3X)  |             |                   | _          |             |               |           |            |           |       |           |             |       |      |
|----|--|-------------|-------------------|------------|-------------|---------------|-----------|------------|-----------|-------|-----------|-------------|-------|------|
|    | •  | llee cons   | arate schedule(s) |            |             |               | NUMBER    | <b>?</b> : |           |       | PAGE      | 29 (        | )F    | 41   |
| T  | EMIZED DISBURSEMENTS   |             | category of the   | (CI        |             | k only        |           |            | ا مو      |       | 04 F      | o_          |       | 1.06 |
|    |  |             | Summary Page      |            |             | 21b<br>27     | 22<br>28a |            | 23<br>28b |       | 24<br>28c | 25<br>29    |       | 26   |
|    |  |             |                   |            |             |               |           |            |           |       |           |             |       | 30b  |
|    | y information copied from such Reports and Statem<br>for commercial purposes, other than using the nam |             |                   |            |             |               |           |            |           |       |           |             |       | 6    |
| \  | NAME OF COMMITTEE (In Full)  |             |                   |            |             |               |           |            |           |       |           |             |       |      |
|    | Republican Party of Iowa   |             |                   |            |             |               |           |            |           |       |           |             |       |      |
|    | Republican Faity of Iowa   |             |                   |            |             |               |           |            |           |       |           |             |       |      |
| _  | Full Name (Last, First, Middle Initial)  |             |                   |            |             |               | _         |            |           |       |           |             |       |      |
| ۹. | United States Treasury   |             |                   |            |             |               | Date of   | of Di      | sburse    | men   | t         |             |       |      |
|    | Mailing Address L. J. D. O O   |             |                   |            |             |               | M         | /          | D         | D     |           | Y   Y       | Υ     |      |
|    | Mailing Address Internal Revenue Service Center  |             |                   |            |             |               | 02        | -          | <u> </u>  | 9     |           | 2010        |       |      |
|    | City   | State       | Zip Code          |            |             |               | Tron      |            | ion ID    | . 00  | 220 E44   | 1444        |       |      |
|    | · tanoas enj   | MO          | 64999-            |            |             |               | iran      | Sact       | טו ווטו   | : 00. | 320.E41   | 444         |       |      |
|    | Purpose of Disbursement taxes  |             |                   |            |             |               | A         |            |           | D'-l- |           | a. alede 1  |       | 1    |
|    | Candidate Name   |             |                   |            |             |               | Amour     | nt of      | ⊨acn      | DISD  | urseme    | nt this I   | eric  | oa   |
|    | Candidate Name   |             |                   | Cate<br>Tv | egor<br>ype | y/            |           |            |           |       |           | 3279        | .70   |      |
|    | Office Sought: House Disbursem   | nent For:   |                   |            |             |               | [MEM      | о іті      | EM1       |       | ,         |             |       |      |
|    | Senate   | Primary     | General           |            |             |               | MEMO      |            | -         |       |           |             |       |      |
|    |  | Other (spec | cify) 🔻           |            |             |               |           |            |           |       |           |             |       |      |
|    | State: District:   |             |                   |            |             |               |           |            |           |       |           |             |       |      |
| _  | Full Name (Last, First, Middle Initial)  |             |                   |            |             |               | Data      | ( D:       | -1        |       |           |             |       |      |
| 3. | Treasurer, State Of Iowa   |             |                   |            |             |               | Date of   | וט זכ      | sburse    |       |           |             |       |      |
|    | Mailing Address Hoover Office Building   |             |                   |            |             |               | 02        | /          | 1         | 9     |           | 2010        | Y     |      |
|    | Maining Address Thooyer Office Building  |             |                   |            |             |               | UZ.       |            |           | 0     |           | 2010        |       |      |
|    | City   | State       | Zip Code          |            |             |               | Tran      | sact       | ion ID    | : 00  | 320.E41   | 1445        |       |      |
|    | Des Moines   | IA          | 50319-            |            |             |               |           |            |           |       |           |             |       |      |
|    | Purpose of Disbursement taxes  |             |                   | _          |             |               | Δmour     | nt of      | Fach      | Nich  | uireama   | nt this I   | Pario | nd   |
|    | Candidate Name   |             |                   |            |             | -             | Amoun     | 11 01      | Lacii     | DISD  | urscriic  | 111 (1113 1 | CITC  | Ju   |
|    |  |             |                   | Cate<br>Tv | egor<br>ype | 'y/           | L.        |            |           |       | -00-1     | 579         | 00.0  |      |
|    | Office Sought: House Disbursem   | nent For:   |                   |            | 71          |               | [MEM      | ОІТ        | FM1       |       |           |             |       |      |
|    | Senate   | Primary     | General           |            |             |               | MEMC      |            | -         |       |           |             |       |      |
|    | President  | Other (spec | cify) 🔻           |            |             |               |           |            |           |       |           |             |       |      |
|    | State: District:   |             |                   |            |             |               |           |            |           |       |           |             |       |      |
|    | Full Name (Last, First, Middle Initial)  |             |                   |            |             |               | Б.        | , D.       |           |       |           |             |       |      |
| J. | State of Iowa - Workforce Developr   | ment        |                   |            |             |               | Date of   | וט זכ      | sburse    | men   |           |             |       |      |
|    | Mailing Address PO Box 9231  |             |                   |            |             |               | 02        | /          |           | 9     |           | 2010        | Υ     |      |
|    | Maining / Mariess   O Box 9231   |             |                   |            |             |               | U.        |            |           |       |           | 2010        |       |      |
|    | City   | State       | Zip Code          |            |             |               | Tran      | eact       | ion ID    | - 00  | 320.E41   | 1116        |       |      |
|    |  | IA          | 50306-9231        |            |             |               | man       | Saci       |           | . 00  | J20.L4    | 1440        |       |      |
|    | Purpose of Disbursement payroll taxes  |             |                   |            |             |               |           |            |           |       |           |             |       |      |
|    | Candidate Name   |             |                   |            | -           |               | Amour     | nt of      | Each      | Disb  | urseme    | nt this I   | Perio | od   |
|    |  |             |                   | Cate       | egor<br>ype | 'y/           | 1.        |            |           |       |           | 948         | .64   |      |
|    | Office Sought: House Disbursem   | nent For:   |                   | - ,        | . 1: -      | $\overline{}$ | [MEM      | ОІТ        | FM1       |       | 7         |             |       |      |
|    | Senate   | Primary     | General           |            |             |               | MEMO      |            | -         | L TA  | XES       |             |       |      |
|    | President  | Other (spec | cify) ▼           |            |             |               |           |            |           |       |           |             |       |      |
|    | State: District:   |             |                   |            |             |               |           |            |           |       |           |             |       |      |
| _  | IIDTOTAL of Dishumants This Day of the Co  |             |                   |            |             |               |           | -          |           |       |           | n           | .00   |      |
| S  | UBTOTAL of Disbursements This Page (optional)  |             |                   |            | •••••       | <u> </u>      | -         | -          | 7         |       |           |             | .55   |      |
| Т  | OTAL This Period (last page this line number only).  |             |                   |            |             | •             |           |            |           |       |           |             |       |      |

| S           | CHEDULE B (FEC Form 3X)   |                      |                                      |          | FOR            | LINE   | NUMBEF  | <br>}: |          |         | PAG     | E 30     | OF   | 41  |
|-------------|---|----------------------|--------------------------------------|----------|----------------|--------|---------|--------|----------|---------|---------|----------|------|-----|
| IT          | EMIZED DISBURSEMENTS  |                      | arate schedule(s)<br>category of the | )        | (chec          | -      |         | _      | _        | _       |         |          |      |     |
|             |   |                      | Summary Page                         |          | ×              | 21b    | 22      |        | 23       |         | 24      | 25       |      | 26  |
|             |   |                      |                                      |          |                | 27     | 28a     |        | 28b      | $\perp$ | 28c     | 29       |      | 30b |
|             | ny information copied from such Reports and Staten<br>for commercial purposes, other than using the nam |                      |                                      |          |                |        |         |        |          |         |         |          |      |     |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                      |                                      |          |                |        |         |        |          |         |         |          |      |     |
|             | Republican Party of Iowa  |                      |                                      |          |                |        |         |        |          |         |         |          |      |     |
| _           | Full Name (Last, First, Middle Initial)   |                      |                                      |          |                |        |         |        |          |         |         |          |      |     |
| Α.          | Montgomery Shaw   |                      |                                      |          |                |        | Date of | of Di  | sburse   |         |         | YY       | ■ Y  | 1   |
|             | Mailing Address 4317 Panorama Drive   |                      |                                      |          |                |        | 02      |        | 1        | 5       | L       | 2010     | _    |     |
|             | City  | State                | Zip Code                             |          |                |        | Tran    | cact   | ion ID   | 00      | 0320.E4 | 1200     |      |     |
|             | Panora  | IA                   | 50216-                               |          |                |        | IIaii   | Saci   | טו ווטו. | . 00    | J32U.L4 | 1333     |      |     |
|             | Purpose of Disbursement travel  |                      |                                      |          |                |        | Amoui   | nt of  | Each     | Dis     | bursem  | ent this | Per  | iod |
|             | Candidate Name  |                      |                                      | С        | ategor         | ry/    |         |        |          |         |         | 1        | 8.47 | ,   |
|             | 0/5   |                      |                                      |          | Туре           |        |         | -      | 7        | _       | 7       |          | 0.47 | ш.  |
|             | Office Sought: House Disbursen Senate   | nent For:<br>Primary | General                              |          |                |        | TRAVE   | ΞL     |          |         |         |          |      |     |
|             |   | Other (spe           | cify) 🔻                              |          |                |        |         |        |          |         |         |          |      |     |
| _           | State: District:  |                      |                                      |          |                |        |         |        |          |         |         |          |      |     |
| _           | Full Name (Last, First, Middle Initial)   |                      |                                      |          |                |        | Б.      |        |          |         |         |          |      |     |
| В.          | Matthew Strawn  |                      |                                      |          |                |        | Date of | of Di  | sburse   | ∍meı    |         |          |      |     |
|             | Mailing Address 702 SW Coventry Cir   |                      |                                      |          |                |        | 02      | /      |          | 9       | / Y     | 2010     | Y    |     |
|             | City  | State                | Zip Code                             |          |                |        |         |        |          |         |         |          |      |     |
|             | Ankeny  | IA                   | 50023-9200                           |          |                |        | Tran    | sact   | ion ID   | ): 00   | 0320.E4 | 1395     |      |     |
|             | Purpose of Disbursement REIMBURSEMENT: See below  |                      |                                      | Г        | -              |        | Amoui   | nt of  | Each     | Dis     | bursem  | ent this | Per  | iod |
|             | Candidate Name  |                      |                                      | C        | ategor         | rv/    |         |        | -        |         | -       |          |      |     |
|             |   |                      |                                      |          | Type           | ,      |         | _      | 7        | _       | 7       | 151      | 9.94 |     |
|             | Office Sought: House Disbursen  |                      |                                      |          |                |        |         |        |          |         |         |          |      |     |
|             |   | Primary              | General                              |          |                |        | REIME   | BURS   | SEME     | NT:     | SEE BE  | ELOW     |      |     |
|             | President State: District:  | Other (spe           | city) 🔻                              |          |                |        |         |        |          |         |         |          |      |     |
| _           | Full Name (Last, First, Middle Initial)   |                      |                                      |          |                |        |         |        |          |         |         |          |      |     |
| C.          | Bankers Trust   |                      |                                      |          |                |        | Date of | of Di  | sburse   | eme     | nt      |          |      |     |
|             |   |                      |                                      |          |                |        | M I     | Л /    | D        |         | / Y     | YY       | I Y  | 1   |
|             | Mailing Address PO Box 1991   |                      |                                      |          |                |        | 02      | 4      | 0        | )5      |         | 2010     | -    |     |
|             | City  | State                | Zip Code                             |          |                |        | Tran    | eact   | ion ID   | O(      | 0320.E4 | 1380     |      |     |
|             | DES MOINES  | IA                   | 50305-                               |          |                |        | IIaii   | Saci   | ion ib   | . 00    | U32U.L4 | 1303     |      |     |
|             | Purpose of Disbursement<br>CREDIT CARD: SEE BELOW   |                      |                                      |          | -              | $\neg$ |         |        |          |         |         |          |      |     |
|             | Candidate Name  |                      |                                      | L        | -              |        | Amoui   | nt of  | Each     | Dis     | bursem  | ent this | Per  | iod |
|             | Candidate Name  |                      |                                      | C        | ategor<br>Type | ry/    |         |        |          |         |         | 19       | 0.30 | )   |
|             | Office Sought: House Disbursen  | nent For:            |                                      | <u> </u> | . , , , ,      |        |         | _      | 7        |         | 7       |          |      | _   |
|             |   | Primary              | General                              |          |                |        | CRED    | IT C   | ARD:     | SEF     | BELO\   | Ν        |      |     |
|             | President   | Other (spe           | cify) 🔻                              |          |                |        |         |        |          |         |         |          |      |     |
|             | State: District:  |                      |                                      |          |                |        |         |        |          |         |         |          |      |     |
|             |   |                      |                                      |          |                |        |         |        |          |         |         |          | 0 =  |     |
| 8           | SUBTOTAL of Disbursements This Page (optional)  |                      |                                      |          |                | •      |         | _      | 7        |         | 7       | 1/5      | 8.71 |     |
| Γ.          | This David / Indiana and Indiana  |                      |                                      |          |                |        |         |        |          |         |         |          |      |     |
| Ι'          | <b>'OTAL</b> This Period (last page this line number only)  |                      |                                      |          |                |        |         | -      | 7        |         | - 7     |          | -    |     |

| S          | CHEDULE B (FEC Form 3X)  |                     |                                      |       | FOR            | LINE          | NUMBEF    | R:    |           |      | PAGI      | E 31     | OF    | 41        |
|------------|--|---------------------|--------------------------------------|-------|----------------|---------------|-----------|-------|-----------|------|-----------|----------|-------|-----------|
| IT         | EMIZED DISBURSEMENTS   |                     | arate schedule(s)<br>category of the | )     | (chec          | k only        | one)      | _     | 7.00      |      | ] 04      |          |       | 7.65      |
|            |  |                     | Summary Page                         |       | ×              | 21b<br>27     | 22<br>28a |       | 23<br>28b |      | 24<br>28c | 25<br>29 |       | 26<br>30b |
| Λ.         | ay information copied from such Departs and States   | L monte mou         | not be cold or                       | cod h | N/ 00:         |               |           |       |           | of a |           |          | ution |           |
|            | ny information copied from such Reports and Statem<br>for commercial purposes, other than using the name |                     |                                      |       |                |               |           |       |           |      |           |          |       |           |
|            | NAME OF COMMITTEE (In Full)  |                     |                                      |       |                |               |           |       |           |      |           |          |       |           |
| $ \rangle$ | Republican Party of Iowa   |                     |                                      |       |                |               |           |       |           |      |           |          |       |           |
| _          | Full Name (Last, First, Middle Initial)  |                     |                                      |       |                |               | <b>.</b>  |       | -1-       |      |           |          |       |           |
| Α.         | Bankers Trust  |                     |                                      |       |                |               | Date      | ot Di | sburse    |      |           | YY       | V     |           |
|            | Mailing Address PO Box 1991  |                     |                                      |       |                |               | 02        |       |           | 9    | Ĺ         | 2010     |       |           |
|            |  | State               | Zip Code                             |       |                |               | Tran      | sact  | ion ID    | : 00 | )320.E4   | 1396     |       |           |
|            | DES MOINES Purpose of Disbursement   | IA                  | 50305-                               |       |                |               |           | ouo.  | .02       | . •  |           | .000     |       |           |
|            | CREDIT CARD: See below   |                     |                                      | Г     |                |               | Amou      | nt of | Each      | Dis  | burseme   | ent this | Peri  | od        |
|            | Candidate Name   |                     |                                      | С     | ategoi         | ry/           |           |       |           |      | -         | 376      | 2.43  | П         |
|            | Office Sought: House Disbursen   | nent For:           |                                      |       | Туре           | -             |           | _     | 7         |      | 7         |          |       | _         |
|            |  | Primary             | General                              |       |                |               | CRED      | IT C  | ARD:      | SEE  | BELOV     | ٧        |       |           |
|            | President State: District:   | Other (spec         | cify) 🔻                              |       |                |               |           |       |           |      |           |          |       |           |
| _          | Full Name (Last, First, Middle Initial)  |                     |                                      |       |                |               |           |       |           |      |           |          |       |           |
| В.         | Embassy Suites   |                     |                                      |       |                |               | Date      | of Di | sburse    | emei | nt        |          |       |           |
|            | Mailing Address 101 East Locust St   |                     |                                      |       |                |               | 02        | /     |           | 9    | / Y       | 2010     | Y     |           |
|            | Walling Address 101 East Locust St   |                     |                                      |       |                |               | 02        |       |           | ,3   |           | 2010     |       |           |
|            | City S DES MOINES  | State<br>IA         | Zip Code<br>50309-                   |       |                |               | Tran      | sact  | ion ID    | : 0  | 0320.E4   | 1454     |       |           |
|            | Purpose of Disbursement  |                     | 00000                                |       | -              | $\neg$        |           |       |           |      |           |          |       |           |
|            | generic meals/parking  |                     |                                      |       |                |               | Amou      | nt of | Each      | Dis  | burseme   | ent this | Peri  | od        |
|            | Candidate Name   |                     |                                      | С     | ategoi<br>Type | ry/           |           |       | 40-       |      |           | 346      | 8.41  |           |
|            | Office Sought: House Disbursen   | nent For:           |                                      |       | .,,,,          | $\overline{}$ | [MEM      | O IT  | EM1       |      | ,         |          |       |           |
|            |  | Primary             | General                              |       |                |               |           |       |           | СМ   | EALS/P    | ARKING   | 3     |           |
|            | President State: District:   | Other (spec         | city) 🔻                              |       |                |               |           |       |           |      |           |          |       |           |
|            | Full Name (Last, First, Middle Initial)  |                     |                                      |       |                |               |           |       |           |      |           |          |       |           |
| C.         | Star Bar   |                     |                                      |       |                |               | Date of   | of Di | sburse    | eme  | nt        |          |       |           |
|            | Mailing Address 2811 Ingersoll Ave   |                     |                                      |       |                |               | 02        | /     | 0         | 9    | / Y       | 2010     | Y     |           |
|            |  |                     |                                      |       |                |               |           |       |           |      |           |          |       | 1         |
|            | City S<br>DES MOINES   | State<br>IA         | Zip Code<br>50312-                   |       |                |               | Tran      | sact  | ion ID    | : 20 | 0217.E4   | 8835     |       |           |
|            | Purpose of Disbursement<br>Food and Beverage   |                     |                                      |       | -              | $\neg$        |           |       |           |      |           |          |       |           |
|            | Candidate Name   |                     |                                      | Ļ     |                |               | Amou      | nt of | Each      | Dis  | burseme   | ent this | Peri  | od        |
|            |  |                     |                                      | C     | ategoi<br>Type | ry/           |           |       |           |      | 45        | 3        | 7.83  |           |
|            | Office Sought: House Disbursen   |                     |                                      |       |                |               | [MEM      | O IT  | EM]       |      | ,         |          |       |           |
|            |  | Primary Other (spec | General                              |       |                |               | MEMC      | : FO  | A DO      | ND E | BEVERA    | AGE      |       |           |
|            | State: District:   | Other (spec         | ciiy) ▼                              |       |                |               |           |       |           |      |           |          |       |           |
| Г          |  |                     |                                      |       |                |               |           | -     | -         |      |           | _        |       | _         |
| s          | SUBTOTAL of Disbursements This Page (optional)   |                     |                                      |       |                | •             |           |       | ,         |      | -         | 376      | 2.43  |           |
|            |  |                     |                                      |       |                |               |           | T     |           |      |           |          |       | Ī         |
| Ι٦         | <b>OTAL</b> This Period (last page this line number only)  |                     |                                      |       |                |               |           |       | 7         |      | - 7       |          | -     |           |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)                          | FOR LINE N                 |   |
|--|---|----------------------------|---|
| ITEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | (check only<br>X 21b<br>27 | one) 22 23 24 25 26 28a 28b 28c 29 30   |
| Any information copied from such Reports and Stater or for commercial purposes, other than using the nan |   |                            |   |
| NAME OF COMMITTEE (In Full)  Republican Party of Iowa  |   |                            |   |
| Full Name (Last, First, Middle Initial)  |   |                            |   |
| A. TheBeanWalker.com LLC   |   |                            | Date of Disbursement                    |
| Mailing Address 811 BURR OAKS DRIVE  |   |                            | 02 05 2010                              |
| West Des Moines  | State Zip Code<br>IA 50266-                       |                            | Transaction ID : 00320.E41385           |
| Purpose of Disbursement generic advertising  |   |                            | Amount of Each Disbursement this Period |
| Candidate Name   |   | Category/<br>Type          | 400.00                                  |
| Office Sought: House Disburser Senate President  | ment For: Primary General Other (specify)         | .,,,,,                     | GENERIC ADVERTISING                     |
| State: District:  Full Name (Last, First, Middle Initial)  B. Direct Mail Systems, Inc.                  |   |                            | Date of Disbursement                    |
| Mailing Address 12450 Automobile Blvd.   |   |                            | 02 15 2010                              |
| Clearwater   | State Zip Code<br>FL 33762-                       |                            | Transaction ID : 00320.E41404           |
| Purpose of Disbursement generic mail   |   |                            | Amount of Each Disbursement this Period |
| Candidate Name   |   | Category/<br>Type          | 8768.89                                 |
| Office Sought: House Disburser  Senate President  State: District:                                       | ment For: Primary General Other (specify)         |                            | GENERIC MAIL                            |
| Full Name (Last, First, Middle Initial)  C. Direct Mail Systems, Inc.                                    |   |                            | Date of Disbursement                    |
| Mailing Address 12450 Automobile Blvd.   |   |                            | 02 27 2010                              |
| City S   | State Zip Code<br>FL 33762-                       |                            | Transaction ID : 00320.E41417           |
| Purpose of Disbursement generic mail   |   |                            | Amount of Each Disbursement this Period |
| Candidate Name   |   | Category/<br>Type          | 1650.00                                 |
| Office Sought:  House Senate President State: Disburser  | nent For: Primary General Other (specify)         | ,,                         | GENERIC MAIL                            |
| SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)      |   |                            | 10818.89                                |

| S           | CHEDULE B (FEC Form 3X)                                   |  | FOF            | LINE      | NUMBER    | :       |           |      | PAGI      | E 33     | OF     | 41        |
|-------------|---|--|----------------|-----------|-----------|---------|-----------|------|-----------|----------|--------|-----------|
| IT          | EMIZED DISBURSEMENTS                                      | Use separate schedule(s for each category of the | 1 (0110        | ck only   |           |         |           | _    | 1 [       |          |        |           |
|             |   | Detailed Summary Page                            |                | 21b<br>27 | 22<br>28a |         | 23<br>28b |      | 24<br>28c | 25<br>29 |        | 26<br>30b |
| Γ.          | ny information copied from such Reports and Staten        | anto may not be cold or u                        | and by an      |           |           |         |           |      |           |          | ıtione |           |
|             | for commercial purposes, other than using the name        |  |                |           |           |         |           |      |           |          |        | ,         |
| $\setminus$ | NAME OF COMMITTEE (In Full)                               |  |                |           |           |         |           |      |           |          |        |           |
| $ \rangle$  | Republican Party of Iowa                                  |  |                |           |           |         |           |      |           |          |        |           |
| _           | Full Name (Last, First, Middle Initial)                   |  |                |           |           |         |           |      |           |          |        |           |
| Α.          | Reed Copywriting  |  |                |           | Date o    | of Disk |           |      |           |          |        |           |
|             | Mailing Address 131 Glyn Tawel Drive                      |  |                |           | 02        |         | 15        |      | /   Y     | 2010     | Y      |           |
|             | ,   | State Zip Code                                   |                |           | Trans     | nastic  | n ID      | . 00 | )320.E4   | 1410     |        |           |
|             | Granville   | OH 43023-  |                |           | irans     | sactic  | טו ווכ    | . 00 | )32U.E4   | 1410     |        |           |
|             | Purpose of Disbursement copywriting services              |  |                | П         | Amoun     | it of E | Each      | Disł | burseme   | ent this | Perio  | od        |
|             | Candidate Name  |  | Catego         | ory/      |           | -       | -         | _    |           | 40       | 0.00   |           |
|             | Office Courses  |  | Тур            | Э         |           |         | ,         | _    | 7         | 40       | 0.00   |           |
|             | Office Sought: House Disbursen Senate                     | Primary General                                  |                |           | COPYV     | MDITI   | INIC S    | ED'  | VICES     |          |        |           |
|             |   | Other (specify)                                  |                |           | COPTV     | VKIII   | ING S     | )EK  | VICES     |          |        |           |
|             | State: District:  | •  |                |           |           |         |           |      |           |          |        |           |
|             | Full Name (Last, First, Middle Initial)                   |  |                |           |           |         |           |      |           |          |        |           |
| В.          | United HealthCare Insurance Com                           | pany   |                |           | Date o    | f Disk  | burse     | mer  | nt        |          |        |           |
|             | Mailing Address Dept. CH 10151                            |  |                |           | 02        | /       | 0         |      | / Y       | 2010     | Y      |           |
|             |   |  |                |           |           |         |           | _    |           |          |        |           |
|             | City S<br>Palatine  | State Zip Code<br>IL 60055-0151                  |                |           | Trans     | sactio  | on ID     | : 00 | 0320.E4   | 1283     |        |           |
|             | Purpose of Disbursement                                   |  | -              | _         |           |         |           |      |           |          |        |           |
|             | GROUP HEALTH INS  Candidate Name                          |  | L              | _         | Amoun     | it of E | Each      | Disk | burseme   | ent this | Perio  | od        |
|             | Candidate Name  |  | Catego<br>Typo |           |           |         |           |      |           | 145      | 1.42   |           |
|             | Office Sought: House Disbursen                            | nent For:  | 71-            |           |           | ,       |           |      |           |          |        |           |
|             |   | Primary General                                  |                |           | GROU      | P HE    | ALTH      | INS  | 3         |          |        |           |
|             |   | Other (specify) ▼                                |                |           |           |         |           |      |           |          |        |           |
| _           | State: District: Full Name (Last, First, Middle Initial)  |  |                |           |           |         |           | —    |           |          |        | —         |
| C.          |   | nanv   |                |           | Date o    | of Disk | burse     | mer  | nt        |          |        |           |
|             |   | Jany   |                |           | M M       | 1       | D         | D    | / Y       | YY       | Y      |           |
|             | Mailing Address Dept. CH 10151                            |  |                |           | 02        |         | 15        | 5    | L         | 2010     |        |           |
|             | City  | State Zip Code                                   |                |           | Trans     | sactio  | on ID     | . oc | )320.E4   | 1409     |        |           |
|             | Palatine Purpose of Disbursement                          | IL 60055-0151                                    | I              |           | 11411     | Saction | טוו ווט   | . 00 | /320.L4   | 1403     |        |           |
|             | group health  |  |                | П         | Amoun     | nt of F | =ach      | Diel | burseme   | ant this | Pario  | nd        |
|             | Candidate Name  |  | Catego         | orv/      | Amoun     | it of L | Lacii     | Disk | Juiscine  |          |        | ,u        |
|             |   |  | Тур            |           |           |         | ,         |      | 7         | 71       | 6.38   |           |
|             | Office Sought: House Disbursen                            |  |                |           |           |         |           |      |           |          |        |           |
|             |   | Primary General Other (specify) ▼                |                |           | GROU      | P HEA   | ALTH      |      |           |          |        |           |
|             | State: District:  | Other (specify)                                  |                |           |           |         |           |      |           |          |        |           |
| Г           | ·   |  |                |           | _         |         |           | =    |           | _        |        | _         |
| 5           | SUBTOTAL of Disbursements This Page (optional)            |  |                | ▶         |           |         | ,         |      |           | 256      | 7.80   |           |
| 一           |   |  |                |           |           |         |           |      |           | 7344     | 2 16   |           |
| 1           | <b>OTAL</b> This Period (last page this line number only) |  |                | ▶         |           |         | ,         |      |           | 1344     | ۷.40   |           |

## SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 34 OF 41

FOR LINE 13 OF FORM 3X

|  |                                | Botanoa Gammary 1        | 490   |
|--|--------------------------------|--------------------------|---|
| AME OF COMMITTEE (In Full)   |                                | Ti                       | ransaction ID : LS10418.E45949              |
| Republican Party of Iowa   |                                |                          |   |
| LOAN SOURCE Full Name (Last, Firs  | t Middle Initial)              |                          | Election:                                   |
| McIntee for Congress   | t, Middle milial)              |                          | Primary                                     |
| Wellitee for Congress  |                                |                          | General                                     |
| Mailing Address no mailing address avail   |                                |                          | Other (specify)                             |
| Mailing Address no mailing address avail   | able                           |                          |   |
| City Des Moines  | State IA ZIP C                 | ode 50309-               |   |
| Original Amount of Loan  | Cumulative Payment To          |                          | Balance Outstanding at Close of This Period |
| Original / timos 5. 253  | Odina.auto i zijii.i.i         |                          |   |
| 4023.00  |                                | 0.00                     | 4023.00                                     |
| TERMS  |                                |                          | ,   |
| Date Incurred  | Date Due                       | e Interest F             | Rate Secured:                               |
| 01 01 / 1990   | M = M / D = D / Y              |                          | 100   |
| 01 01 1000   |                                | TA DEIVINATE             | % (apr) Yes X No                            |
| List All Endorsers or Guarantors (if a   | nv) to Loan Source             |                          |   |
| Full Name (Last, First, Middle Initial   |                                | Name of Employer         |   |
| , .  | ,                              | , ,                      |   |
| Mailing Address  |                                | Occupation               |   |
|  |                                |                          |   |
|  |                                | Amount                   |   |
| City   | te ZIP Code                    | Guaranteed               |   |
| O. F. II. N  |                                | Outstanding:             | ,   |
| 2. Full Name (Last, First, Middle Initial)   |                                | Name of Employer         |   |
| Mailing Address  |                                | Occupation               |   |
| Mailing Address  |                                | Occupation               |   |
|  |                                | Amount                   |   |
| City Sta   | te ZIP Code                    | Guaranteed               |   |
|  |                                | Outstanding:             |   |
| 3. Full Name (Last, First, Middle Initial)   |                                | Name of Employer         |   |
|  |                                |                          |   |
| Mailing Address  |                                | Occupation               |   |
|  |                                |                          |   |
| C:h:   | te ZIP Code                    | Amount Guaranteed        |   |
| City Sta   | te ZIP Code                    | Outstanding:             | 7 7 7                                       |
| 4. Full Name (Last, First, Middle Initial)   |                                | Name of Employer         |   |
| Tail Haine (East, First, Middle limital)   |                                | Traine of Employer       |   |
| Mailing Address  |                                | Occupation               |   |
| , and the second |                                |                          |   |
|  |                                | Amount                   |   |
| City Sta   | te ZIP Code                    | Guaranteed               |   |
|  |                                | Outstanding:             | ,     |
|  |                                |                          |   |
|  |                                | r                        |   |
| UBTOTALS This Period This Page (option   | onal)                          |                          | 4023.00                                     |
|  |                                |                          |   |
| OTALS This Period (last page in this line  | only)                          | <b>&gt;</b>              |   |
| Service and the balance only to LINE 5   | Cabadula D. far this line. I   | f Calandula D. comu f    | to a comment to a comment                   |
| carry outstanding balance only to LINE 3   | , Schedule D, for this line. I | T no Schedule D, carry T | orward to appropriate line of Summary.      |

## SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 35 OF 41

FOR LINE 13 OF FORM 3X

|   |                          | Detailed Summary          | rage  |
|---|--------------------------|---------------------------|---|
| AME OF COMMITTEE (In Full)                    |                          |                           | Transaction ID : LS041220038E7579           |
| Republican Party of Iowa                      |                          |                           |   |
| LOAN SOURCE Full Name (Last, First, N         | Middle Initial)          |                           | Election:                                   |
| Lockhard for Congress                         |                          |                           | Primary                                     |
| 3   |                          |                           | General                                     |
| Mailing Address PO Box 12010                  |                          |                           | Other (specify)                             |
| FO BOX 12010                                  |                          |                           |   |
| City Des Moines                               | State IA ZIP             | Code 50312-               |   |
| Original Amount of Loan                       | Cumulative Payment       | t To Date                 | Balance Outstanding at Close of This Period |
| 3700.00                                       |                          | 0.00                      | 3700.00                                     |
| 3700.00                                       |                          | 0.00                      | 3700.00                                     |
| TERMS   |                          |                           |   |
| Date Incurred                                 | Date D                   | Due Interes               |   |
| 01 01 1990                                    | W - W / B - B /          | ON DEMAND                 | 0.00 % (apr) Yes X No                       |
| List All Endorsers or Guarantors (if any)     | to Loan Source           |                           |   |
| 1. Full Name (Last, First, Middle Initial)    |                          | Name of Employer          |   |
|   |                          |                           |   |
| Mailing Address                               |                          | Occupation                |   |
|   |                          |                           |   |
|   | 715.0                    | Amount                    |   |
| City State                                    | ZIP Code                 | Guaranteed Outstanding:   |   |
| 2. Full Name (Last, First, Middle Initial)    |                          | Name of Employer          |   |
|   |                          |                           |   |
| Mailing Address                               |                          | Occupation                |   |
|   |                          |                           |   |
|   |                          | Amount                    |   |
| City State                                    | ZIP Code                 | Guaranteed Outstanding:   |   |
| O. Full Name / Last First Middle Initial)     |                          |                           | , ,   |
| 3. Full Name (Last, First, Middle Initial)    |                          | Name of Employer          |   |
| Mailing Address                               |                          | Occupation                |   |
| Walling / Idai 000                            |                          | Cocapation                |   |
|   |                          | Amount                    |   |
| City State                                    | ZIP Code                 | Guaranteed                |   |
|   |                          | Outstanding:              |   |
| 4. Full Name (Last, First, Middle Initial)    |                          | Name of Employer          |   |
| Mailing Address                               |                          | Onnum at l'aux            |   |
| Mailing Address                               |                          | Occupation                |   |
|   |                          | Amount                    |   |
| City State                                    | ZIP Code                 | Guaranteed                |   |
| - sy  | 2344                     | Outstanding:              |   |
|   |                          |                           |   |
|   |                          |                           |   |
| SUBTOTALS This Period This Page (optional     | l)                       |                           | 3700.00                                     |
| O (1)   | ·                        | <u> </u>                  |   |
| TOTALS This Period (last page in this line or | າly)                     | <b>&gt;</b>               | 7723.00                                     |
|   |                          |                           |   |
| Carry outstanding balance only to LINE 3, Se  | chedule D, for this line | e. If no Schedule D, carr | y forward to appropriate line of Summary.   |

Image# 12951340276 36 OF 41

#### SCHEDULE H1 (FEC Form 3X)

#### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

| NAME OF COMMITTEE (In Full)   |
|---|
| Republican Party of Iowa  |
| USE ONLY ONE SECTION, A or B  |
| A. State and Local Party Committees   |
| Fixed Percentage (select one)   |
| Presidential-Only Election Year (28% Federal)   |
| ——— Presidential and Senate Election Year (36% Federal)   |
| Senate-Only Election Year (21% Federal)   |
| ——— Non-Presidential and Non-Senate Election Year (15% Federal)                                 |
|   |
| B. Separate Segregated Funds and Nonconnected Committees  |
| Flat Minimum Federal Percentage   |
| If the committee will allocate using the flat minimum percentage of 50% federal funds, check or |
| If the committee is spending more than 50% federal funds, indicate ratio below                  |
| Federal%  |
| Nonfederal%   |
| This ratio applies to (check all that apply):   |
| Administrative Generic Voter Drive Public Communications Referencing Party Only                 |

| PAGE | 37   | 0   | F  | 41   |    |
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| FOR  | LINE | 21a | OF | FORM | зх |

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY NAME OF COMMITTEE (In Full) Republican Party of Iowa Full Name (Last, First, Middle Initial) Allocated Activity or Event: Transaction ID: H400320.E41286 Culligan Water Conditioning X Administrative Fundraising Exempt Mailing Address PO Box 65065 Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC West Des Moines IΑ 50265-0065 Allocated Activity or Event Year-To-Date Purpose of Disbursement: WATER 68127.82 Activity or Event Identifier: Category/ ADMINISTRATION B 3 Type 02 05 2010 Date FEDERAL SHARE NONFEDERAL SHARE = TOTAL AMOUNT 30.94 8 23 39.17 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H400320.E41287 Kari Putney X Administrative Fundraising Exempt Mailing Address 303 NE 24th Ct Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Ankeny 50021-9053 IΑ Allocated Activity or Event Year-To-Date Purpose of Disbursement: **BOOKKEEPING** 71993.67 Activity or Event Identifier: **ADMINISTRATION B 3** Category/ 2010 02 05 Type Date NONFEDERAL SHARE TOTAL AMOUNT FEDERAL SHARE + 525.00 1975.00 2500.00 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H400320.E41288 Xerox Corporation X Administrative Fundraising Mailing Address P. O. Box 802567 Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Chicago 60680-2567 IL Allocated Activity or Event Year-To-Date Purpose of Disbursement: COPIER LEASE 68896.07 Activity or Event Identifier: ADMINISTRATION B 3 Category/ 05 2010 02 Type Date

| 7 7   | 7  |                  |
|---|--|------------------|
| SUBTOTAL of Allocated Federal and NonFederal      | Activity This Page                           |                  |
| FEDERAL SHARE                                     | + NONFEDERAL SHARE                           | = TOTAL AMOUNT   |
| 694.56  | 2612.86                                      | 3307.42          |
| TOTAL This Period (last page for each line only)( | Federal share to 21(a)(i) and NonFederal sha | re to 21(a)(ii)) |
| FEDERAL SHARE                                     | NONFEDERAL SHARE                             | TOTAL AMOUNT     |
|   |  |                  |

NONFEDERAL SHARE

606.92

TOTAL AMOUNT

768.25

FEDERAL SHARE

161.33

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAGE   | 38 | OF    | 41   |    |
|--------|----|-------|------|----|
| FOR LI |    | 1a OF | FORM | зх |

NAME OF COMMITTEE (In Full)

| $\overline{}$ | epublican Party of Iowa  |                               |  |  |                        |  |
|---------------|--|-------------------------------|--|--|------------------------|--|
| Α.            | Full Name (Last, First, Middle Initial)  Transaction ID: H400320.E41289  Richman Yard Service / Snow Removal   |                               |  |  |                        | Activity or Event:   |
|               | Mailing Address 691 38th Street  | Remova                        | <u> </u>   |  | X Adm                  | inistrative Fundraising Exer   |
|               | Walling Address 691 38th Street  |                               |  |  | Vote                   | r Drive Direct Candidate Supp  |
|               | City   | State                         | Zip Code   |  | Publ                   | ic Comm (ref to party only) by PAC   |
|               | Des Moines   | IA                            | 50312-   | I  | Allocate               | ed Activity or Event Year-To-Date  |
|               | Purpose of Disbursement:<br>GROUNDS MAINTENANCE  |                               |  |  |                        | 69461.07   |
|               | Activity or Event Identifier: ADMINISTRATION B 3   |                               |  | Category/<br>Type                            | Date                   | 02   |
|               | FEDERAL SHARE  | +                             | NONFEDERAL   | SHARE  | =                      | TOTAL AMOUNT   |
|               | 118.65   |                               | 7  | 446.35                                       |                        | 565.00   |
| В.            | Full Name (Last, First, Middle Initial) Erin Rapp  | Transaction                   | n ID : H400320.E4  | 1291   |                        | Activity or Event: inistrative Fundraising Exer  |
|               | Mailing Address 3008 44th St   |                               |  |  |                        | r Drive Direct Candidate Supp  |
|               | City   | State                         | Zip Code   |  | Publ                   | ic Comm (ref to party only) by PAC   |
|               | Des Moines   | IA                            | 50310-351  | 5  | Allocate               | ed Activity or Event Year-To-Date  |
|               | Purpose of Disbursement:<br>GENERIC STAFFING   |                               |  |  |                        | 72103.67   |
|               | Activity or Event Identifier:<br>ADMINISTRATION B 3  |                               |  | Category/<br>Type                            | Date                   | 02 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|               | FEDERAL SHARE  | +                             | NONFEDERAL   | SHARE  | =                      | TOTAL AMOUNT   |
|               | 23.10  |                               |  | 86.90  |                        | 110.00   |
|               | 25.10  |                               | ,  |  |                        |  |
| <u></u>       | Full Name (Last, First, Middle Initial) Chad Barth   | Transactio                    | n ID : H400320.E4  | 1384   |                        | Activity or Event:   |
| <u></u>       | Full Name (Last, First, Middle Initial)  | Transactio                    | n ID : H400320.E4  | 1384   | X Adm                  | Activity or Event: inistrative Fundraising Exen r Drive Direct Candidate Supp  |
| <b>D</b> .    | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31 City  | State                         | n ID : H400320.E4  Zip Code                                | 1384   | X Adm                  | inistrative Fundraising Exen   |
| <b>D.</b>     | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31 City Arlington  |                               |  | 1384   | X Adm Vote Publ        | inistrative Fundraising Exen   |
| C.            | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31 City Arlington Purpose of Disbursement: technology services   | State                         | Zip Code   | 1384   | X Adm Vote Publ        | inistrative Fundraising Exem<br>r Drive Direct Candidate Supp<br>ic Comm (ref to party only) by PAC  |
| C.            | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31 City Arlington Purpose of Disbursement:   | State                         | Zip Code   | Category/<br>Type                            | X Adm Vote Publ        | inistrative Fundraising Exen r Drive Direct Candidate Supp ic Comm (ref to party only) by PAC ed Activity or Event Year-To-Date  |
|               | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31  City Arlington  Purpose of Disbursement: technology services  Activity or Event Identifier:  | State                         | Zip Code   | Category/<br>Type                            | Vote Publ Allocate     | inistrative Fundraising Exert r Drive Direct Candidate Supplic Comm (ref to party only) by PAC and Activity or Event Year-To-Date 62388.65   |
| C.            | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31 City Arlington Purpose of Disbursement: technology services Activity or Event Identifier: ADMINISTRATION B 3  | State<br>VA                   | Zip Code<br>22204-   | Category/<br>Type                            | Adm Vote Publ Allocate | inistrative Fundraising Exert r Drive Direct Candidate Supplic Comm (ref to party only) by PAC and Activity or Event Year-To-Date 62388.65   |
| <b>D.</b>     | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31  City Arlington  Purpose of Disbursement: technology services  Activity or Event Identifier: ADMINISTRATION B 3   | State<br>VA                   | Zip Code<br>22204-   | Category/<br>Type<br>SHARE                   | Adm Vote Publ Allocate | inistrative Fundraising Exert r Drive Direct Candidate Supplic Comm (ref to party only) by PAC and Activity or Event Year-To-Date 62388.65   |
|               | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31  City Arlington  Purpose of Disbursement: technology services  Activity or Event Identifier: ADMINISTRATION B 3   | State<br>VA                   | Zip Code<br>22204-<br>NONFEDERAL                           | Category/<br>Type<br>SHARE<br>592.50         | Adm Vote Publ Allocate | inistrative Fundraising Exert r Drive Direct Candidate Supplic Comm (ref to party only) by PAC and Activity or Event Year-To-Date 62388.65   |
|               | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31  City Arlington Purpose of Disbursement: technology services  Activity or Event Identifier: ADMINISTRATION B 3  FEDERAL SHARE  157.50  BTOTAL of Allocated Federal and NonFeder FEDERAL SHARE | State VA +                    | Zip Code<br>22204-<br>NONFEDERAL                           | Category/<br>Type SHARE 592.50               | Adm Vote Publ Allocate | inistrative Fundraising Exert r Drive Direct Candidate Supplic Comm (ref to party only) by PAC red Activity or Event Year-To-Date 62388.65  TOTAL AMOUNT  TOTAL AMOUNT                           |
| su            | Full Name (Last, First, Middle Initial) Chad Barth Mailing Address 1943 Columbia Pike Apt 31  City Arlington Purpose of Disbursement: technology services  Activity or Event Identifier: ADMINISTRATION B 3  FEDERAL SHARE  157.50   | State VA  +  al Activity Th + | Zip Code<br>22204-<br>NONFEDERAL<br>iis Page<br>NONFEDERAL | Category/<br>Type SHARE 592.50 SHARE 1125.75 | Adm Vote Publ Allocate | inistrative Fundraising Exert r Drive Direct Candidate Supplic Comm (ref to party only) by PAC ed Activity or Event Year-To-Date 62388.65  M 02 / 05 / 2010  TOTAL AMOUNT  TOTAL AMOUNT  1425.00 |

| <b>DISBURSEMENTS</b> | <b>FOR</b> | <b>ALLO</b> | CATED |
|----------------------|------------|-------------|-------|
| FEDERAL/NONFE        | DERA       | L ACT       | IVITY |

| PAGE   | 39    | OF    | 41   |    |
|--------|-------|-------|------|----|
| FOR LI | INF 2 | 1a OF | FORM | 3X |

|         | ME OF COMMITTEE (In Full)                                       |                 |                                    |                   |   |
|---------|---|-----------------|------------------------------------|-------------------|---|
|         | epublican Party of Iowa   |                 |                                    |                   | T   |
| A.      | Full Name (Last, First, Middle Initial)  Des Moines Water Works | Transactio      | on ID : H400320.E4                 | 1388              | Allocated Activity or Event:  Administrative Fundraising Exempt |
|         | Mailing Address PO Box 9227                                     |                 |                                    |                   | Voter Drive Direct Candidate Support                            |
|         | City  | State           | Zip Code                           |                   | Public Comm (ref to party only) by PAC                          |
|         | Des Moines  | IA              | 50306-922                          | 7                 | Allocated Activity or Event Year-To-Date                        |
|         | Purpose of Disbursement: water/sewer                            |                 |                                    |                   | 69493.67  |
|         | Activity or Event Identifier:                                   |                 |                                    | Cotogogy          | M = M / D = D / Y = Y = Y                                       |
|         | ADMINISTRATION B 3  |                 |                                    | Category/<br>Type | Date 02 05 2010   |
|         | FEDERAL SHARE   | +               | NONFEDERAL                         | SHARE             | = TOTAL AMOUNT  |
|         | 6.85  |                 | , ,                                | 25.75             | 32.60   |
| В.      | Full Name (Last, First, Middle Initial)                         | Transactio      | n ID : H400320.E4                  | 1390              | Allocated Activity or Event:                                    |
|         | Capital Knowledge Consulting                                    |                 |                                    |                   | Administrative Fundraising Exempt                               |
|         | Mailing Address P. O. Box 7255                                  |                 |                                    |                   | Voter Drive Direct Candidate Support                            |
|         | City  | State           | Zip Code                           |                   | Public Comm (ref to party only) by PAC                          |
|         | Des Moines  Purpose of Disbursement:                            | IA              | 50309-                             |                   | Allocated Activity or Event Year-To-Date                        |
|         | compliance/accounting services                                  |                 |                                    |                   | 68088.65  |
|         | Activity or Event Identifier:<br>ADMINISTRATION B 3             |                 |                                    | Category/<br>Type | Date 02 05 2010   |
|         | FEDERAL SHARE   | +               | NONFEDERAL                         | SHARE             | = TOTAL AMOUNT  |
|         | 1197.00   |                 | 7 7                                | 4503.00           | 5700.00   |
| C.      | Full Name (Last, First, Middle Initial) Kabel Business Services | Transactio      | on ID : H400320.E4                 | 1394              | Allocated Activity or Event:  Administrative Fundraising Exempt |
|         | Mailing Address 1454 30th Street Suite 202                      |                 |                                    |                   | Voter Drive Direct Candidate Support                            |
|         | City  | State           | Zip Code                           |                   | Public Comm (ref to party only) by PAC                          |
|         | West Des Moines   | IA              | 50266-                             |                   | Allocated Activity or Event Year-To-Date                        |
|         | Purpose of Disbursement: payroll services                       |                 |                                    |                   | 72136.17  |
|         | Activity or Event Identifier:<br>ADMINISTRATION B 3             |                 |                                    | Category/<br>Type | Date 02 08 2010   |
|         | FEDERAL SHARE   | +               | NONFEDERAL                         | SHARE             | = TOTAL AMOUNT  |
|         | 6.83  |                 | , ,                                | 25.67             | 32.50   |
| <u></u> | JBTOTAL of Allocated Federal and NonFeder                       | rol Activity Th | nio Pogo                           |                   |   |
| 30      | FEDERAL SHARE   | +               | NONFEDERAL                         | SHARE             | = TOTAL AMOUNT  |
|         | 1210.68   | 1               |                                    | 4554.42           | 5765.10   |
| тс      | OTAL This Period (last page for each line onl<br>FEDERAL SHARE  | y)(Federal sh   | nare to 21(a)(i) and<br>NONFEDERAL |                   |   |

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAGE | 40   | 0   | F  | 41   |    |
|------|------|-----|----|------|----|
| FOR  | LINE | 21a | OF | FORM | зх |

NAME OF COMMITTEE (In Full) Republican Party of Iowa Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H400320.E41398 Mid American Energy X Administrative Fundraising Exempt Mailing Address PO Box 8020 Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Davenport IΑ 52808-8020 Allocated Activity or Event Year-To-Date Purpose of Disbursement: utilities 73015.07 Activity or Event Identifier: Category/ ADMINISTRATION B 3 Type 02 15 2010 Date FEDERAL SHARE NONFEDERAL SHARE = TOTAL AMOUNT 694.33 184.57 878.90 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H400320.E41403 Capitol Coffee X Administrative Fundraising Exempt Mailing Address 5421 Westwood Circle Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC West Des Moines IΑ 50266-Allocated Activity or Event Year-To-Date Purpose of Disbursement: coffee service 73214.74 Activity or Event Identifier: **ADMINISTRATION B 3** Category/ 2010 15 Type Date NONFEDERAL SHARE TOTAL AMOUNT FEDERAL SHARE 6.40 24.06 30.46 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H400320.E41405 Waste Connections Inc. X Administrative Fundraising Exempt Mailing Address 3071 Dept. 1433 Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Los Angeles CA 90084-1433 Allocated Activity or Event Year-To-Date Purpose of Disbursement: waste removal 73184.28 Activity or Event Identifier: **ADMINISTRATION B 3** Category/ 15 2010 Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT 133.68 169.21 35.53 SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT 226.50 852.07 1078.57 TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

| DISBURSEMENTS | <b>FOR</b> | <b>ALLO</b> C | ATED |
|---------------|------------|---------------|------|
| FEDERAL/NONFE | DERA       | L ACTI        | VITY |

| PAGE  | 41   | OF    | 41   |    |
|-------|------|-------|------|----|
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|                | ME OF COMMITTEE (In Full) epublican Party of Iowa   |                  |                    |                   | •   |
|----------------|---|------------------|--------------------|-------------------|---|
|                | Full Name (Last, First, Middle Initial)             | Transactio       | n ID : H400320.E4  | 1406              | Allocated Activity or Event:  |
| Α.             | Sprint  | Hansacho         | 1110 . 11400320.64 | 1400              |   |
|                | Mailing Address P O Box 4181                        |                  |                    |                   | Administrative Fundraising Exempt  Voter Drive Direct Candidate Support |
|                | City  | State            | Zip Code           |                   |   |
|                | Carol Stream  | IL               | 60197-             |                   | Public Comm (ref to party only) by PAC                                  |
|                | Purpose of Disbursement: phone                      |                  |                    |                   | Allocated Activity or Event Year-To-Date 73890.42                       |
|                | Activity or Event Identifier:                       |                  |                    |                   | 7   |
|                | ADMINISTRATION B 3                                  |                  |                    | Category/<br>Type | Date 02 15 2010   |
|                | FEDERAL SHARE                                       | +                | NONFEDERAL         | SHARE             | = TOTAL AMOUNT  |
|                | 138.13  |                  | , , ,              | 519.61            | 657.74  |
| <u>—</u><br>В. | Full Name (Last, First, Middle Initial)             | Transaction      | n ID : H400320.E4  | 1407              | Allocated Activity or Event:  |
|                | A Professional Conference Call                      |                  |                    |                   | Administrative Fundraising Exempt                                       |
|                | Mailing Address PO Box 2939                         |                  |                    |                   | Voter Drive Direct Candidate Support                                    |
|                | City  | State            | Zip Code           |                   | Public Comm (ref to party only) by PAC                                  |
|                | Southampton   | NY               | 11969-             |                   | Allocated Activity or Event Year-To-Date                                |
|                | Purpose of Disbursement: generic phone              |                  |                    |                   | 73232.68  |
|                | Activity or Event Identifier:<br>ADMINISTRATION B 3 |                  |                    | Category/<br>Type | Date 02 15 2010   |
|                | FEDERAL SHARE                                       | +                | NONFEDERAL         |                   | = TOTAL AMOUNT  |
|                | 3.77  | 1                |                    | 14.17             | 17.94   |
| _              | Full Name (Leat First Middle Initial)               |                  |                    |                   | Allocated Activity or Event:  |
| C.             | Full Name (Last, First, Middle Initial)             |                  |                    |                   |   |
|                | Mailing Address                                     |                  |                    |                   | Administrative Fundraising Exempt  Voter Drive Direct Candidate Support |
|                | City  | State            | Zip Code           |                   | Public Comm (ref to party only) by PAC                                  |
|                |   |                  |                    |                   | Allocated Activity or Event Year-To-Date                                |
|                | Purpose of Disbursement:                            |                  |                    |                   |   |
|                | Activity or Event Identifier:                       |                  |                    |                   |   |
|                |   |                  |                    | Category/<br>Type | Date  |
|                | FEDERAL SHARE                                       | +                | NONFEDERAL         | SHARE             | = TOTAL AMOUNT  |
|                |   | 1                |                    |                   |   |
| _              | IDTOTAL of Allered of Federal and New Fed           | and Antide Th    | i. D               |                   |   |
| St             | JBTOTAL of Allocated Federal and NonFederal SHARE   | eral Activity In | NONFEDERAL         | SHARE             | = TOTAL AMOUNT  |
|                | 141.90  | 7 ["             |                    | 533.78            | 675.68  |
| TC             | OTAL This Period (last page for each line or        | nly)(Federal sh  |                    | l NonFederal sh   | nare to 21(a)(ii))  |
|                | FEDERAL SHARE                                       |                  | NONFEDERAL         |                   | TOTAL AMOUNT  |
|                | 2572.89   | _                |                    | 9678.88           | 12251.77  |